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The Surgical Dyspepsias

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M.D., McGill University, 1910. Spent several years in postgraduate work in New York, London and Germany. Caught in Berlin at outbreak of the Great War—escaped and joined the Royal Army Medical Corps and served as a surgical specialist with them five years. Awarded the D.S.O., M.C., the Mons Star, and was three times mentioned in dispatches. After the war he returned to Mayo Clinic, and was on the Surgical Staff there till the summer of 1922, when he established his own Clinic in Toronto. Has published numerous treatises in the field of Thoracic and General Surgery, and has recently published an exhaustive summary of his experiences in War Surgery through the British Medical Journal. Member Canadian Medical Association, Ontario Medical Association, American Association for the Study of Goiter, and the Society of Military Surgeons.

■ Space will not permit me to enlarge on the rôle that focal infection in teeth, tonsils and sinuses play in the etiology of dyspepsia.

Expert roentgenology and closer coöperation among all members of the profession in the study of disease have revealed serious conditions, hitherto overlooked, which serve to perplex the profession in determining etiology, symptomatology and methods necessary for relief of symptoms indiscriminately referred to as the dyspepsias.

Esophageal Diverticula

May I at once direct your attention to esophageal diverticula, not an altogether uncommon problem, and yet overlooked for seven and a half years in a large collected group of cases. The symptoms point directly to the condition, and it can be so accurately diagnosed roentgenologically, and so easily dealt with surgically by a one or two-stage surgical procedure under local anesthesia. Because of the loss of weight, the cough and mucus it has in the past been most commonly diagnosed as tuberculosis (Figs. 1 and 2).

Cancer and Stricture of the Esophagus

I shall merely point out that an ever-increasing number of successful resections of the esophagus are being reported. Earlier diagnosis will materially extend the field of operability. The relief afforded by early gastrostomy in carcinoma of the esophagus should be kept in mind.

Cardiospasm

Cardiospasm is another all too common condition, overlooked also for about eight years on the average, and here again the symptoms point directly to the lesion, and it likewise can be easily diagnosed roentgenologically and at least 75 per cent can be cured by dilatation with the hydrostatic dilator (Plummer), a relatively simple procedure, with practically no mortality, and affording an almost miraculous cure. Twelve per cent require several dilatations to effect a cure, and the remaining 13 per cent develop a "lag," and of these at least one-half are ultimately cured by periodic dilatations. The condition is too often diagnosed as cholecystitis, gastritis, or neurosis as illustrated by the following case.

A young married woman, aged thirty-four, had complained since fourteen years of age of difficulty in swallowing, regurgitation of food and mucus, foul breath, distaste for food, and loss of weight, strength and energy. She had a dilatation with relief at seventeen years of age—not again until twenty-six years of age, and not again until a few months ago. Now, unfortunately, after all these years she has developed an enormous sigmoid type of cardiospasm. From the roentgenograms you can judge the tremendous amount of foul decayed food she had retained in the great sacculation that had resulted from the prolonged atresia at the cardia. She was emaciated, had a profound anemia, a constant, distressing cough with a great deal of foul mucous, and had been diagnosed at first as a neurosis and latterly as tuberculosis. After nearly three weeks of daily lavages the esophagus was finally sufficiently clear of retained food to permit the passage

of a linen thread through the cardia, the stomach, and into the intestine. She was dilated with great care, and with no little difficulty under direct fluoroscopic vision. She has had three subsequent dilatations, gained weight and feels that she is cured, but she may require esophagogastrostomy for complete relief as, unfortunately, so many of the sigmoid type of cardiospasm require. However, she has such marked dilatation and sacculation that the operation, in experienced hands, should not be particularly difficult, and entails a relatively low operative risk. It is indeed difficult to understand how such a condition could possibly be overlooked for such a long period (Figs. 3, 4 and 5).

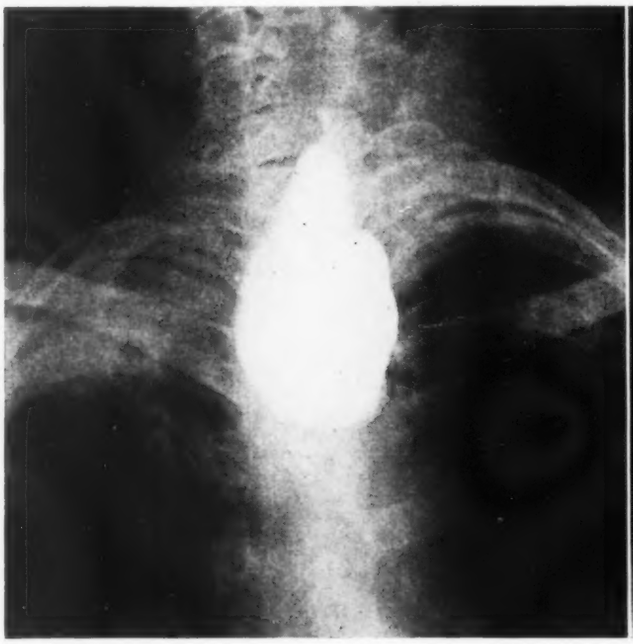

Fig. 1.

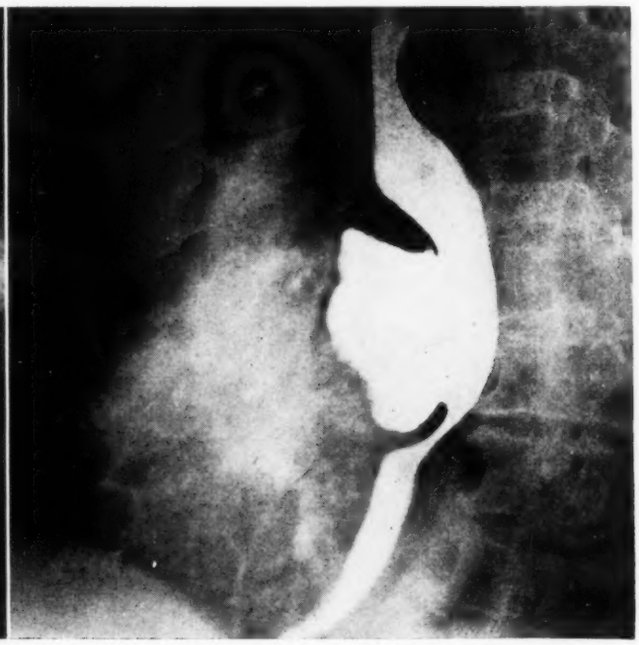

Fig. 2.

Operative measures devised for the cure of ordinary atresia are no longer warranted, and should not be employed. They carry too high a mortality and the results of even a successful operation are incomplete and uncertain. Further investigation as to etiology is necessary, and earlier recognition is imperative.

Diaphragmatic Hernia

This is another all too common condition that we have all overlooked until very recently.

Prior to 1925 a relatively few cases had been diagnosed during life, and a very small percentage of these had been dealt with surgically,[1,2,4,5,6,10,12] but since 1925, 600 cases have been diagnosed, and 260 operated upon—74 per cent of these occurred through the esophageal hiatus.

The symptoms are referred to the epigastrium, and a little to the left of the mid-line. The symptoms, while more indefinite than those of esophageal diverticula and cardiospasm, are fairly clear cut, and do point direct to the condition. Epigastric distress with regurgitation of gas, sour fluid or food, periodic vomiting, bloating, difficulty in belching of gas at times, paroxysms of smothering, occurring immediately after eating, and occasionally hemoptysis and melena suggest the presence of a herniation through the diaphragm, and warrant immediate roentgenological examination. One negative roentgenological finding is not sufficient in the presence of such a history as the organ or organs are not always incarcerated in the hernia. The symptoms, of course, vary with the organ or organs involved in the hernia, and whether incarcerated or not, and the extent of such incarceration. While in approximately 74 per cent the cardiac end of the stomach herniates through the esophageal hiatus or adjacent to it, the colon, the spleen, and even small bowel may be involved.

Cholecystitis and peptic ulcer with obstruction at the pylorus are the most common errors in diagnosis, and a very high percentage of such patients have been operated upon for these conditions, of course without relief.

Mrs. S., No. 105004, aged forty-two, a dentist's wife, had had three major operations for relief of symptoms without any benefit over a period of four years, and

yet the condition was not sought for even at operation. She had had the symptoms since fourteen years of age. Her complaints were typical—roentgenological examination revealed more than half the stomach herniated through the esophageal hiatus. She was immediately relieved by operation under a block anesthesia, but the procedure was not made easier as a result of the adhesions remaining from the three previous operations. In addition, it required no little tact and persuasion to avoid a judicial procedure against the former surgeon for loss of time, suffering and distress incidental to three major surgical procedures, and for remuneration for the heavy expenses entailed (Fig. 6).

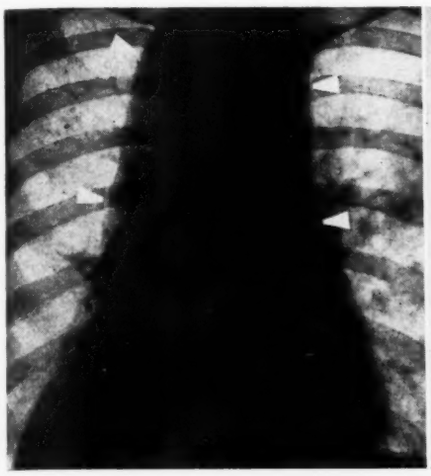

Fig. 3.

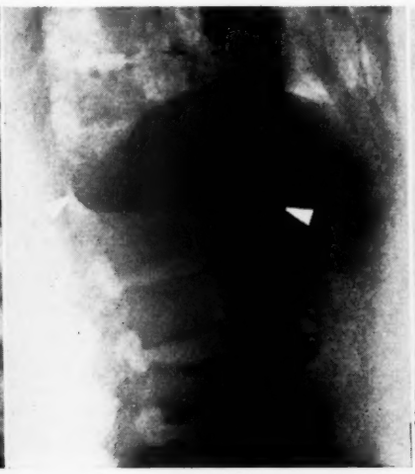

Fig. 4.

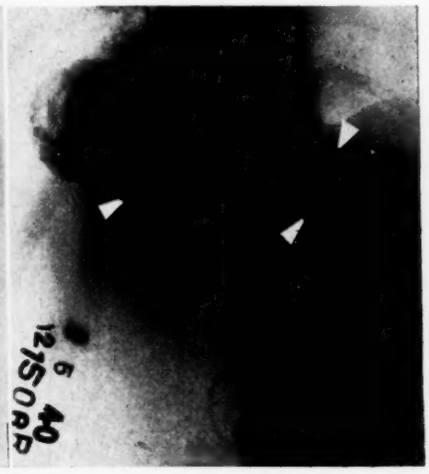

Fig. 5.

Fig. 6.

Such a case illustrates the wisdom and indeed the necessity of sweeping the hand over the diaphragm and particularly the esophageal hiatus in the course of all operations in which the abdomen is opened. Exploration at operation has frequently revealed the condition when it was not otherwise suspected. If the esophageal hiatus will readily admit two fingers the possibility of periodic herniation of the stomach through the hiatus must be kept in mind.

Treatment.—Treatment should be medical if distress is not too great and obstruction is not constant. If incarceration is maintained with constant distress and recurring symptoms due to obstruction, surgery should be advised. The presence of peptic ulcer, cholecystitis or appendicitis must be kept in mind, and dealt with at the time if at all possible. The operative procedure for relief of diaphragmatic hernia is not technically difficult if adequate exposure is ensured, with experienced assistants, and under a select anesthesia. Surgeons undertaking the procedure for the first time should study the method developed by Harrington who has dealt so successfully with such a large number of cases.

In the differential diagnosis of the "Surgical Dyspepsias" one must have in mind certain conditions that frequently contribute to the picture and serve to cloud the recognition of an associated surgical basis for the indigestion, viz.: hepatitis, cirrhosis, hyper- and hypochlorhydria, syphilis of the stomach, tabetic crisis, angina, abdominis, abdominal migraine, Henoch's purpura, abdominal angioneurotic edema, intestinal and pulmonary tuberculosis, Bright's disease, pernicious anemia, lead poisoning, acute and chronic pelvic infection, occasionally uterine fibroids and ovarian and parovarian cysts, spastic and cathartic colitis and the functional dyspepsias. These and gastric disturbances incidental to certain respiratory and circulatory diseases, faulty kidney elimination, acidosis, altered metabolism, neuroses, psychoneurosis, anemias, environment, phlegmatic temperament and disregard of the

esthetics of life must be considered but are beyond the scope of this address.

Intra-abdominal Conditions

In passing on to the more common and direct causes of surgical dyspepsia, may one point out that the stomach is the mouthpiece for a host of other organs. The duodenum, when alkaline, has the paramount right over the stomach in control of the pylorus, and this control is possessed to a variable extent by the derivatives of the mid-gut down to the splenic flexure of the colon, and accounts for gastric distress in intestinal disease.

Lesions of the intestinal tract from the pylorus to the splenic flexure may cause gastric symptoms as a result of pylorospasm, to prevent food passing through the pylorus into the bowel. As a result, the emptying of the stomach is retarded, digestive functions are interfered with, fermentation and secretory changes occur, and symptoms of dyspepsia appear.

The fundus of the stomach is a later development, and so more under the control of the central nervous system. A feeling of repletion after meals, fullness, bloating and such subjective symptoms develop. There probably is no complaint of gastric distress without obstruction. Obstruction itself may be due to reflex spasms, to direct pressure and blockage from within or without.

The more common direct causes of dyspepsia amenable to surgery are first those outside the stomach as—appendicitis, gall-bladder disease, lesions of the pancreas, tumors, cysts, herniæ, Pott's disease, and perhaps aneurysm, and secondly, those occurring in the stomach and bowel, viz.: ulcer—tumors—benign and malignant, diverticula and diverticulitis, linitis plastica, syphilis of the stomach, and gastrojejunal ulcer.

The space at my disposal will not permit me to deal at length with all the more direct causes of surgical dyspepsia, but very briefly—

Pancreas

Lesions of the pancreas, especially acute and chronic pancreatitis, should be readily recognized. The severity of the pain, abdominal rigidity, intense epigastric tenderness, vomiting, ileus, shock, in fact all the symptoms of acute intestinal obstruction without obstruction should point to acute pancreatitis. Cysts of the organ, adenomata, carcinoma and stone in the pancreatic duct must be kept in mind. An ever-increasing number of patients with cysts and tumors of the pancreas are being successfully dealt with surgically. Care must be taken, however, not to give surgery a black eye in forcing a wide resection for carcinoma which may not extend life a day, and may have a fatal termination on the operating table or within the next few days.

Herniæ

Inguinal, postoperative, umbilical and ventral herniæ, particularly with a loop of bowel or more often an impacted portion of omentum may, by traction and obstruction cause atypical upper abdominal distress, and should be sought for.

Meckel's Diverticulum

The incidence of Meckel's diverticulum should be kept in mind and the fact that retention, ulceration, perforation, hemorrhage, traction, and even malignancy are associated with it, and in all indeterminate dyspepsias it should be ruled out.

Acute but particularly chronic intussusception must be kept in mind. The latter is commonly overlooked for a long period of years.

Appendix

The rôle of the appendix, the gall bladder and ducts scarcely need to be enlarged on as a cause of surgical dyspepsia. I am, however, sufficiently old-fashioned to believe that chronic appendicitis does exist, that it accounts for a high percentage of patients with typical pylorospasm and particularly accounts for persisting pylorospasm after surgical procedures on the duodenum, gall bladder and even the stomach when, for one reason or another, the appendix has not been removed.

Gall Bladder

As regards the gall bladder and liver ducts, I believe too much credence is placed in the roentgenograms.

Roentgenograms of the gall bladder are of great value, but ONLY when POSITIVE.

It should be kept in mind that disease of the gall bladder is four times as common in women as in men, that jaundice is absent in nearly 40

per cent of patients with stones even in the ducts, that at least 20 per cent never have had colic, that stones may be present for years in the gall bladder, and even the ducts and yet be completely silent; that carcinoma of the gall bladder is not rare and is usually associated with stones; that in almost 25 per cent of patients with stones in the gall bladder the ducts should be likewise explored at operation, and finally that patients with gall bladder disease not relieved by medical régime should be dealt with surgically and not continued on symptomatic treatment till the pancreas and heart are involved, malignancy develops, or a major catastrophe occurs with a stone impacted in the ducts, or an acute gangrenous gall bladder, possibly with perforation.

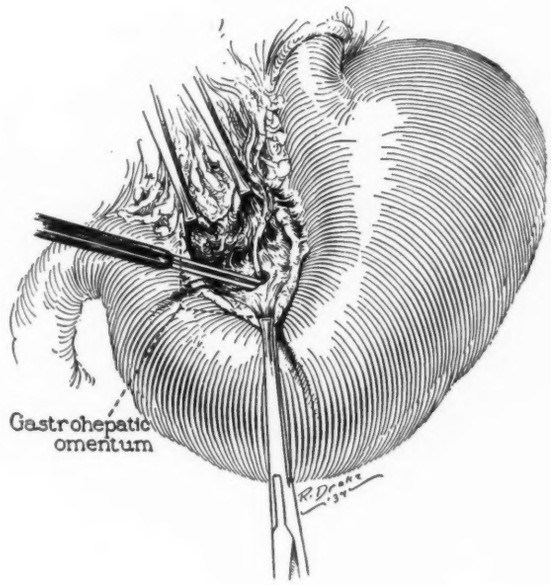

Fig. 7a.

Fig. 7b.

Stomach

Syphilis of the stomach presents a group of symptoms more diverse than any other disease of the organ. The average age incidence, thirty-eight years, is younger than for carcinoma. The general condition of the patient is better than in those with malignancy. Achylia occurs in a higher percentage, approximately 80 per cent as against 46 per cent in carcinoma. There is seldom a palpable tumor, no filling defect, and rarerly retention. The response to antileutic treatment is rapid, and is a most valuable therapeutic test. It is not a surgical problem.

Linitis Plastica

This, a most interesting condition, is still overlooked, and few patients present themselves early enough to justify radical resection. Life has been prolonged and in greater comfort by a very high resection.

Carcinoma and Ulcer

Ulcer, carcinoma and hour-glass contracture present a group of symptoms that usually make roentgenologic examination imperative. Exhaustive differntial analysis of the symptoms associated with these lesions does not enter the scope of this paper.

Suffice it to point out that ulcers are of three types: First, those that are benign and remain benign, those that are benign and become malignant, and those that are malignant from the onset. Expert roentgenologists can, as a rule, recognize a malignant ulcer, but they cannot, with any degree of accuracy, diagnose an ulcer as benign. Great care should be taken prescribing medical régime for a patient with gastric ulcer, lest valuable time be lost and the opportunity for a complete surgical cure lost. All of us have seen very painful instances of such an error. If medical treatment is instituted and the ulcer does not promptly respond to treatment as proven roentgenologically, surgery should not be delayed (Fig. 7).

The Balfour cautery excision with suture and posterior gastro-enterostomy is the operation of choice for small, well localized benign ulcers and reinforcing suture of heavy silk. The patient can be up and about on the second postoperative day, and leave the hospital quite safely on the

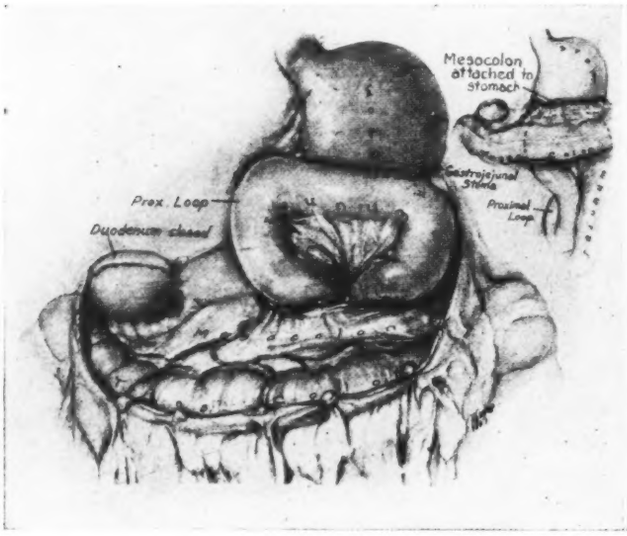

Fig. 8.

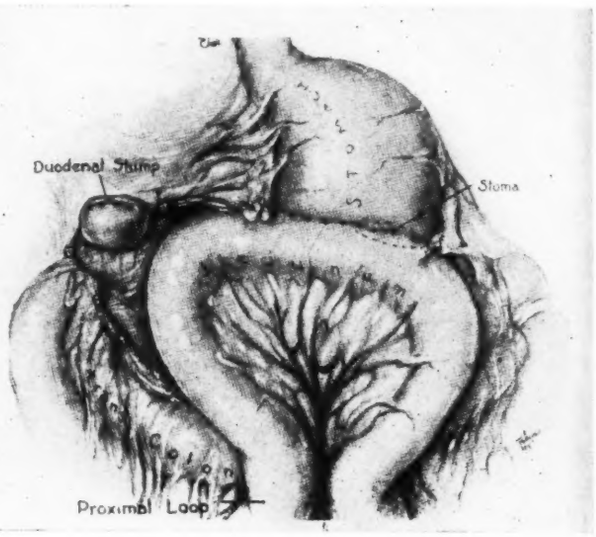

Fig. 9.

a gastric resection of the Polya-Balfour type or anterocolic type for the more extensive lesions (Figs. 8 and 9).

As regards carcinoma of the stomach, we must keep it constantly in mind that one-third of all cancers in men and one-fifth in women occur in the stomach; that approximately 11 per cent are silent and rarely diagnosed till too late to effect a surgical cure; that in not more than 50 per cent are we justified in even exploring the abdomen, and that less than half of these can be resected with a fair chance of materially prolonging life, much less securing a complete cure.

Complete gastrectomy is being employed in an ever-increasing number of late cases, and even in the presence of glandular involvement and localized metastasis in the liver, should be carried out. This procedure, at first sight a heroic one, will, I believe, in skilled and experienced hands prove to carry little, if any, greater mortality than the more conservative resections.

I should like to urge in all questionable cases that the exploration should be carried out under local anesthesia, and if further surgery is impossible, that the incision should be closed with third or fourth day. In this way, prolonged hospitalization is reduced, expense avoided, and a higher percentage of patients will not hesitate to permit of what appears to the patient, relatives and friends as a trivial procedure.

Diagnosis.—Fatigue for no obvious reason, distaste for food, especially meat, and a vague whitish-lemon tint to the skin are the earliest symptoms, but, unfortunately, frequently the growth is already too wide-spread to permit of a cure. Only by routine examinations of all patients over thirty years of age every ten months, with periodic gastric roentgenological examination will carcinoma of the stomach be recognized sufficiently early to permit of a higher percentage of surgical cures. The value of roentgenological examination in the diagnosis of carcinoma of the stomach, makes it important and necessary to develop the simplest, most economical and time-saving method of gastric and duodenal roentgenologic study, if an increasingly large percentage of patients are going to avail themselves of it. Carman's method of fluoroscopic examination with two or three films for record purposes is all that is necessary, and takes but a few minutes of the patient's time. Taking innumerable films, and bringing the patient back time after time for four to six days to follow the

barium, demands so much of the patient's time, and creates such needless expense that patients will not submit to frequent periodic check-ups or recommend it to their friends, and, besides, little if any additional evidence is found by such a time-wasting and expensive method of examination. Gastric resection, even gastrectomy, should not entail a mortality of more than 4 to 8 per cent. A higher percentage of periodic health examinations, including periodic gastro-intestinal roentgenological examinations, thorough pre-operative preparation, and resection in the hands of an experienced surgeon dealing with the condition daily will effect a much higher percentage of cures in this altogether too common and serious condition.

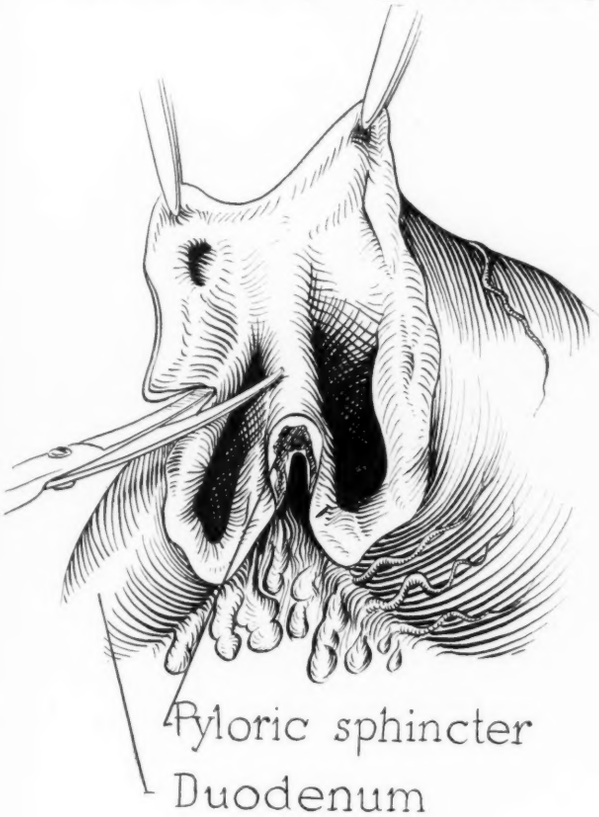

Fig. 10.

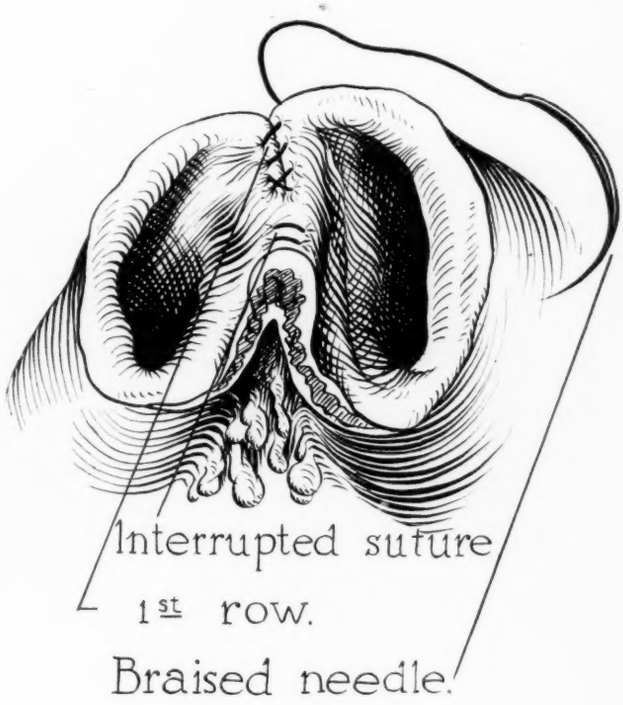

Fig. 11.

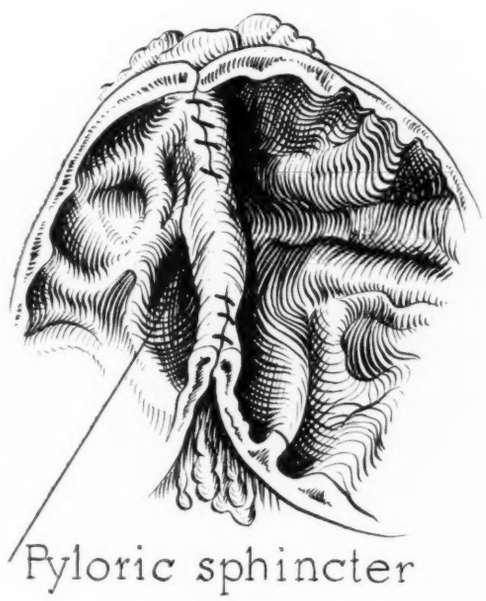

Fig. 12.

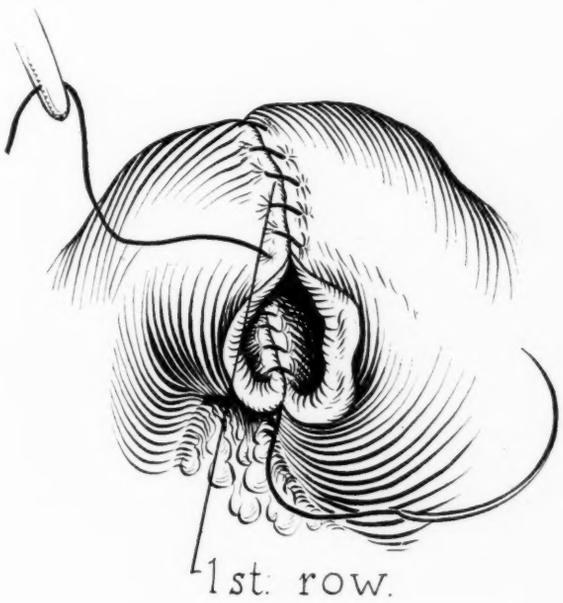

Fig. 13.

Duodenal Ulcer

Space does not permit me to deal at length with this most important problem either from a diagnostic point of view or in a review of the various measures employed surgically to circumvent the lesion. It is on the increase affecting approximately 13 per cent of the white collar population. It is one of the great crippling diseases of our time. Many conditions simulate duodenal ulcer, but a duodenal ulcer simulates nothing else. The periodicity of the symptoms, the pain—food—ease syndrome point to the lesion, and it can be diagnosed roentgenologically with 97.3 per cent accuracy. There has been a deplorable tendency on this continent in the last fifteen years to resort to medical measures, diet, mucin, Larostidine, and what not, for too long a period, and to defer surgery till a major catastrophe occurs due to obstruction, a penetrating lesion, perforation, or a fatal hemorrhage. One reason for this has been the unfortunate and unwarranted tendency in this country to advise and practice extensive gastric resection for the condition. The procedure was based on the experiences of certain central European surgeons. This was a gross error. Nearly thirty years ago I recognized that duodenal ulcer in central Europe was an entirely different entity from that I had seen on this continent. There it is associated with a widespread gastritis that is not seen in this country, except in central European races segregated in our large cities. In such patients high resection is the operation of choice, as it is for those with recurrent bleeding and wide-spread ulceration, extreme stenosis and peri-duodenitis and obstruction with marked hyperacidity, in which instances we have employed it for more than twenty years (Figs. 10-13).

The Finney and particularly the Judd type of pyloroplasty, designed to remove the ulcer and at least four-fifths of the pyloric valve and reconstruct the normal alignment of the duodenum and stomach is much less difficult to execute, entails almost no mortality, avoids the risk of a gastrojejunal ulcer, and does not burn all our bridges as in gastric resection, and leaves with us several alternatives should an ulcer recur, which is very rare. The Von Haberer operation and Horsley method are valuable in selected cases, and that long, well-established procedure, posterior gastro-enterostomy remains the operation of choice in a very definite percentage of patients.

Gastric Diverticulum

Gastric Diverticulum is a rare condition, but must not be overlooked; about 150 cases have been reported in the literature. The majority have been found on the posterior wall of the stomach, close to the lesser curvature, and with about equal frequency at the pylorus, and at the cardia. Diverticulum has rarely been reported on the greater curvature or on the anterior wall of the stomach. The symptoms are largely those of gastric ulcer, and the diagnosis depends on fluoroscopic examination. Roentgenologists who rely on multiple films will miss a high percentage of gastric diverticula as they likewise frequently miss a deeply pitted adherent ulcer on the posterior wall. The inherent tendency of irritative lesions of the stomach to develop malignancy, and the fact that many instances of carcinoma developing from the border of a diverticulum have been reported, make it imperative to deal surgically with the diverticulum if it can be readily approached. Retention is common and hemorrhage occurs. Dietary and medical régime gives some relief.

Duodenal Diverticula

It is still necessary to stress the necessity of searching for duodenal diverticula in all patients with vague and atypical upper abdominal distress. While, for many years, diverticulum of the esophagus, the bladder and Meckel's diverticulum has been recognized and dealt with surgically, duodenal diverticulum, an equally distressing condition, occurring more frequently has been relatively overlooked all these years as a surgical entity.

Prior to 1912, approximately 100 cases had been reported, all discovered accidentally at operation for some other condition or at necropsy. In 1913, Case,[3] then at Battle Creek, was the first to recognize the condition roentgenologically and reported four cases. As late as 1920, in a review of the literature, he found only eighty cases so diagnosed. Neil John MacLean[9] of Winnipeg in 1923 reported sixteen cases, of which four were dealt with surgically. In 1924, Nagel[11] of the Mayo Clinic reported 140 cases, discovered at operation or necropsy, four of which were operated upon. In our own Clinic

ninety-seven cases have been diagnosed roentgenologically, and thirty-eight of these have been dealt with surgically. An exhaustive review of

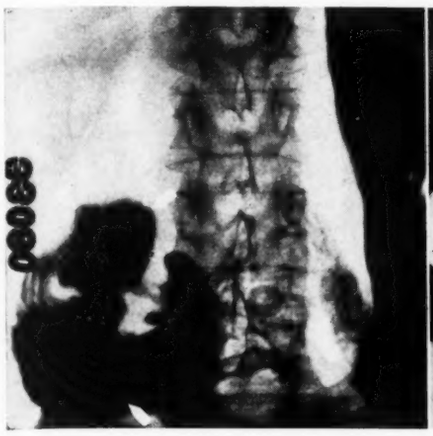

Fig. 14.

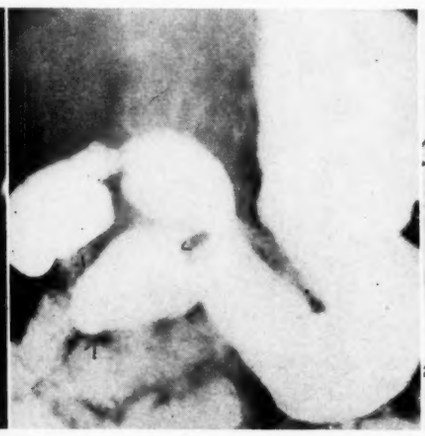

Fig. 15.

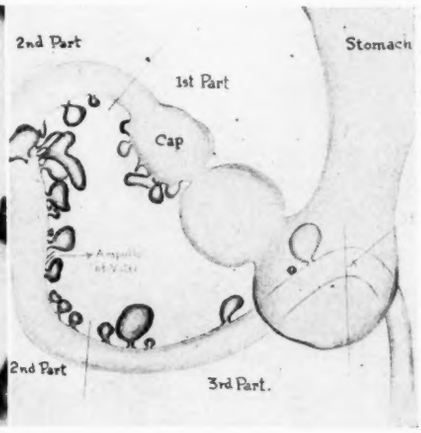

Fig. 16.

reported cases shows an incidence of 2.2 per cent of routine necropsies. We have found them in approximately 1.7 per cent of routine gastrointestinal roentgenological examinations.

Space will not permit me to deal at length with the etiology, pathology, symptoms, relative sites and complications of this interesting condition. They are congenital in origin. In 60 per cent of our cases the diverticulum occurred on the inner border of the second part of the duodenum, 30 per cent in the third part, and only 10 per cent in the first part of the duodenum, and so must not be conflicted with pouching in the base of a healing duodenal ulcer found almost entirely in the first part of the duodenum close up to the pylorus. Of our cases only two occurred on the outer curvature of the bowel, and only one on the anterior surface. All were retroperitoneal except this latter one. They vary in size from 1 cm. in diameter to one that contained over 1,000 c.c. of fluid and hung down over the grim of the pelvis as reported by Pilcher. They occur at any age, but are more common in patients past the fourth decade.

Diagnosis.—The symptoms are fairly clear cut and point to the condition. Patients complain of pain and deep tenderness usually a little to the left of the mid-line, above the navel about opposite the ninth costal cartilage. It varies in type and intensity, depending on the site of the diverticulum, the size of it, the diameter of the opening into it, whether or not ulceration with or without bleeding, perforation or retention exists, and of course the nature of the foods ingested. The pain occurs soon after eating, is often severe and spasmodic, often of a bursting type, and associated with a sense of fullness and distension locally, but not with bloating, as seen in cholecystitis. Deep soreness and tenderness frequently transmitted through to the back exists in large diverticula particularly if there is ulceration and marked retention due to a narrow opening and a long drawn-out neck leading into the sac. A narrow neck measuring 3 to 5 cm. in length was found at operation in several of our cases. The pain and soreness was present over a period of years in our patients. There is no periodicity in the symptoms, no periods of well-being as with duodenal ulcer. The pain—food—ease syndrome of duodenal ulcer does not exist. The pain is relieved by belching of gas and the taking of soda, but usually more completely by vomiting, which is very frequently induced. Patients dread food and avoid it, and as a result most patients have lost considerable weight, are anemic, generally debilitated, and develop that distressing mental outlook that characterizes patients who have for a long time been unable to eat types of food they enjoy. While the symptoms suggest the condition, expert and painstaking fluoroscopic examination must be relied on for accurate diagnosis and localization of the sac. They take a bizarre form. There may be a wide opening into the sac, a narrow opening or as previously pointed out a small opening, with a neck leading to a sac that is cylindrical in outline or irregular. They may be multiple. Bleeding is not rare and ulceration and perforation of the

sac does occur. We have had one perforate into the gall bladder, and later into the colon in a man of sixty-five years of age while on rigid medical régime, with a near catastrophe as can well be imagined.

Treatment.—The treatment should be surgical if distress persists in spite of adequate dietary régime. Surgical treatment consists in dissecting and freeing the sac; the neck of the sac is crushed in a curved forcep, ligated, the sac severed, and the pedicle then oversewn and buried. If the sac is not easily located in the first or second part of the duodenum, the duodenum should be incised, a finger inserted, the opening into the sac located from within and the finger passed into the diverticulum if the opening and the neck of the sac is sufficiently large to permit it. This method simplifies the freeing of the sac from its attachments. If a duodenal ulcer is present as well, and particularly if the sac has dissected and embedded itself too deeply in the pancreas, it is wiser to rely on a gastro-enterostomy to relieve the distress rather than injure the pancreas or unduly extend the operation in attempting to dissect out the sac as well (Figs 14, 15, 16).

A diverticulum in the second portion of the duodenum comes off the upper border of the bowel, retroperitoneally, and drops down behind the bowel. It can readily be exposed by elevating the transverse colon and mesocolon, and by making a small opening at the reflection of the peritoneum posteriorly, one comes directly on the duodenum. The sac should then be dissected free from above, delivered up and removed. Drainage is unnecessary.

Patients are at once relived of their complaints by surgical treatment. In the thirty-eight patients operated upon we have had no deaths, postoperative complications or recurrences of the diverticula. Is it strange or difficult to believe, that when we find patients with such distress from a duodenal ulcer, that we should likewise find patients with distress from a duodenal diverticulum in which retention, ulceration, hemorrhage, and even perforation occurs? I crave your indulgence for stressing the question of duodenal diverticulum, but I am convinced by experience that there is a definite percentage of patients with upper abdominal distress, a truly surgical dyspepsia, due to duodenal diverticulum, that is being constantly overlooked in the roentgenological examination of the duodenum.

Conclusions

1. Greater accuracy in the diagnosis of diseases of the gastro-intestinal tract have revealed serious conditions overlooked hitherto and has materially increased the problems that perplex the profession in determining the cause, course, symptoms and measures for relief of symptoms vaguely referred to as the "dyspepsias."

2. There has been during the last twenty years an ever decreasing mortality in dealing surgically with the surgical dyspepsias.

3. Earlier and more accurate diagnosis; thorough rehabilitation of the patient prior to operation in the greater use of glucose, calcium, various vitamins and particularly blood transfusion; a select anesthesia, preferably I believe spinal (Pontocaine) with adequate pre-operative sedatives and perhaps intravenous injections; dispatch at the operating table, and multiple stage operations when indicated have collectively contributed to the successful surgical treatment of the causes of surgical dyspepsia.

Finally and equally important is the urgent necessity of educating the public to the wisdom of periodic examination, and the profession to the importance of a careful, detailed history, thorough laboratory investigation, and above all expert, time-saving and relatively inexpensive roentgenological examination of all patients with even the faintest symptoms of so-called surgical dyspepsia.

References

1. Arnsparger: Quoted by Unger, A. S., and Speiser, M. D.: Congenital diaphragmatic hernia: Seven cases with autopsies. Am. Jour. Roentgenol., 15:135-143, (Feb.) 1926.
2. Carman, Russell D., and Fineman, S.: Roentgenologic diagnosis of diaphragmatic hernia. Radiology, 3:26-45, (July) 1924.
3. Case, J. T.: Diverticula of small intestine, other than Meckel's diverticulum. Jour. A.M.A., 75:1463-1470, (Nov. 27) 1920.
4. Giffin, H. Z.: The diagnosis of diaphragmatic hernia. Ann. Surg., 4:388-389, 1912.
5. Harrington, S. W.: Surgical treatment of 105 cases of diaphragmatic hernia. West. Jour. Surg., 44:225-269, (May) 1936.
6. Kienboeck, R.: Über Magengeschwure bei Hernia und Eventratio Diaphragmatica, Fortschr. a. d. Geb. d. Röntgenstrahlen, 21:322, 1913-1914.
7. Lockwood, A. L.: Diverticula of stomach and small intestine. Jour. A.M.A., 98:961-964, (Mar. 19) 1932.
8. McQuay, R. W.: Duodenal diverticula and their surgical treatment. Surg., (Jan.) 1929.
9. MacLean, N. J.: Diverticulum of the duodenum, with report of case in which the diverticulum was imbedded in the head of pancreas, and a method for its removal. Surg., Gynec. and Obst., 37:6-13, (July) 1923.
10. Morrison, L. B.: Diaphragmatic hernia of fundus of stomach through the esophageal hiatus. Jour. A.M.A., 84: 161-163, (Jan. 17) 1925.
11. Nagel, G. W.: Unusual conditions in the duodenum and their significance. Collected Papers of the Mayo Clinic, 16:90, 1924.
12. Rowlands, E. R. B.: A case of diaphragmatic hernia. Guy's Hosp. Gaz., 34:426, 1920; Diaphragmatic hernia. Guy's Hosp. Rep., 71:91-101, 1921.

Xanthoma of the Tongue

A Case Report

By Frank A. Lamberson, M.D.
Detroit, Michigan

FRANK A. LAMBERSON, M.D.

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■ A XANTHOMA is not a rare tumor. It is most commonly seen associated with diabetes and in those cases in connection with the long muscles of the arms and legs.

Xanthomatous involvement of the tongue, however, is more unusual. I can find only four cases mentioned in the literature. Spencer and Cade[3] report a female, aged forty-five, who presented herself at Westminister Hospital in 1926 with a small tumor on the right border of her tongue.

Fig. 1. Postoperative microsection showing the tumor.

She had been treated for diabetes. The tumor was excised without incident. They had a similar case in 1922. Butlin[1] had a patient who was jaundiced and had numerous xanthomata with two pea-sized nodules on the tongue which on excision were typical xanthoma. Smith,[2] in 1912, reported a case similar to Butlin's.

A sixty-year-old, white, Finnish man presented himself at the University Hospital clinic on August 10, 1938. He complained of a lump on the left border of his tongue of three years' duration which had gradually enlarged. The lesion was moderately painful and tender.

Examination was essentially negative save for the tongue which was altered by the presence of a tumor 4 x 2½ cm. on its surface. It was oval, white, firm, slightly raised and tender. There was no history or evidence of diabetes. No other lesions were found. Pathological diagnosis was xanthoma. The tumor was excised under avertin anesthesia on August 14, 1937. It was well encapsulated, shelling out easily. Postoperatively the tongue healed without complication and on August 26 the patient was discharged.

Two months following the excision there was no evidence of recurrence of the tumor.

The microphotograph demonstrates the lesion in the tongue.

19600 Grand River

References

1. Butlin: Diseases of the Tongue.
2. Smith: N. Y. Path. Soc., 1920-22, page 139.
3. Spencer and Cade: Diseases of the Tongue, p. 274. P. Blakiston's Son & Co., 1931.

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Cerebral Anoxia and Craniocerebral Injuries*

By Frederic Schreiber, M.D.
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■ THE neurological surgeon is constantly engaged in mortal combat with the five-headed hydra of cerebral anoxia. These five heads are: (1) *anoxic anoxia,* in which the arterial blood is insufficiently saturated with oxygen; (2) *anemic anoxia,* in which the oxygen capacity of the blood is abnormally low; (3) *stagnant anoxia,* in which the blood circulation is too slow; (4) *histotoxic anoxia,* in which the utilization of oxygen by the cell is hindered by extrinsic agents; and (5) *neurohumeral anoxia,* in which cerebral oxidation is hindered by a disarrangement of essential cell components. Depending on the extent of the assault, these heads may singly, or in combination, destroy neuronal tissue. Considerable cerebral tissue may be permanently lost as a result of anoxic insult and yet the life of the individual may be spared. The object of treat-

*Read before Michigan State Medical Society, the 75th annual meeting, Detroit, Michigan, September 26, 1940.

ment in most cerebral conditions is not only to save the patient's life, but also, which is often more important, to safeguard the cortex as much as possible from the ravages of cerebral anoxia. It should be obvious that any method of treatment which increases the anoxic hazards of the brain cell also increases the mortality and morbidity in these cases and cannot, therefore, properly be called a method of treatment.

Anoxic Anoxia

A consideration of craniocerebral injuries and the manifestations and mechanisms of cerebral anoxia will outline some principles which have application in all forms of neurological surgery. The mortality and morbidity are extremely high in those cases of craniocerebral injury in which there is evidence of respiratory difficulty, and a much better prognosis can be given if no concomitant respiratory difficulty exists. When the respiratory center in the medulla is thrown out of rhythm as a result of trauma, the brain is deprived of its oxygen supply from the lungs, with resulting anoxic anoxia. Inhalations of high oxygen concentrations may offset this critical state if the respiratory rhythm can be reëstablished fairly quickly before lethal damage results. Unfortunately, however, stimulants or oxygen administered in some cases of severe medullary trauma have the same effect as whipping a dead horse, and the cerebral cells die before oxygen can be supplied to them in adequate amounts.

The anoxic anoxia caused by mucus or by the tongue obstructing air passages of the unconscious patient following head injury can, of course, be remedied by an airway, turning the head on the side, or aspirating the mucus.

If the weather is very warm, or if the unconscious patient has fever, which is usually present if the function of the brain stem has been interfered with by trauma or destroyed by anoxia, then an extra ration of oxygen must be supplied by mask or tent. The oxygen demand is increased by external heat or fever to a degree beyond the ability of the vital mechanisms to supply it in adequate amounts, with a resulting relative anoxic anoxia.

Stagnant Anoxia

Stagnant anoxia is present in very many cases of serious brain injury. The cerebral circulation is slowed as a result of intra- or extracerebral hemorrhage, or because of perineural or perivascular edema associated with anoxia, thus setting up a vicious circle. The patient may be irritable, restless, maniacal, convulsive or stuporous, depending on the degree of oxygen want and the brain areas involved. There is often the temptation to restrain these patients with drugs when they disturb relatives, nurses or other patients.

However, when morphine, barbiturates or other sedatives are given in dosage sufficient to quiet this patient, it must be remembered that histotoxic anoxia produced by these drugs is added to the already present stagnant anoxia and the combined effect of these two anoxic factors only makes the situation of the oxygen-hungry cerebral cells more desperate.

The fact that such a patient is quieted by sedative drugs does not mean that his condition has improved: indeed, his chances for recovery may have been definitely lessened. The undesirable effect of giving narcotics to the restless patient following head injury has been recognized and warned against for many years by all neurological surgeons. To further deprive the cerebral cortex of oxygen when the clinical evidence of oxygen want is already present is like kicking a drowning man in the face when he comes up for air. Usually if the patient who is suffering from stagnant anoxia associated with head injury is not restrained, but is allowed to turn about on a wide mattress or on two beds lashed together, he will quiet down and come to his senses. If restraint is necessary, physical restraint is much safer for the life and cortex of the patient than restraint with drugs.

Anemic Anoxia

If considerable blood has been lost by an individual with a craniocerebral injury, any mental confusion and restlessness may be in part due to anemic anoxia. Every effort should be made to make it easier for the remaining red cells to support life by carrying oxygen, and therefore a supply of high concentration of oxygen by tent or mask, and transfusion should be afforded as quickly as possible. I have seen extensive cortical disintegration as a result of an hour of anemic anoxia from hemorrhage coincident with the stagnant anoxia of low blood pressure result-

ing from considerable blood loss. The brain damage may be permanent, depending on the degree of anoxia, even if adequate blood volume and circulation are reëstablished. Here again, narcotic and sedative drugs are not only ill-advised but much less efficient in controlling restlessness and mania than are pure oxygen inhalations and blood transfusions.

The use of pleonectic drugs such as sulfanilamide must be considered under the head of anemic anoxia and their anoxic effect properly evaluated in the treatment of craniocerebral injuries. A full dose of sulfanilamide may reduce the capacity of one-third of the red blood cells from carrying the normally required amount of oxygen, thus producing the same effect in the patient had he lost a third of his red blood cells from hemorrhage. Normally the brain can tolerate the oxygen deprivation of sulfanilamide with relative safety, and the occasional neurological manifestations are due to temporary cell dysfunction rather than the result of irreversible cell change.

However, the widespread prophylactic use of sulfanilamide in craniocerebral injuries to lessen or prevent infection, is attended with risk of consequential importance. Frequently the cerebrum, which has already had some anoxic insult as a result of injury, cannot tolerate the added burden incident to the administration of sulfanilamide.

Anesthetics

When surgery is necessary in craniocerebral injuries, as in the case of depressed fractures, extradural hemorrhage, subdural hematomas or hydromas, the choice of an anesthetic is vitally important. The patience required in operating on these cases under local anesthesia rather than general anesthesia is rewarded by decreased mortality and morbidity. The added histotoxic anoxia from a general anesthetic, no matter how expertly given, may tip the scales against recovery in an individual whose brain is struggling against the stagnant anoxia resulting from increased intracranial pressure. The neurological surgeon has learned of the untoward effects of narcotics and general anesthetics, in cases with increased intracranial pressure through tragic experience.

The obstetrician is faced with a similar situation in his practice. Histotoxic anoxia in the fetal brain is caused by drugs and anesthetics, before stagnant anoxia is superimposed by increased intracranial pressure in the birth canal. It is immaterial whether one type of anoxia precedes the other. The danger to the cerebral cells results from the combined anoxic effect, which, if severe enough, can permanently destroy brain tissue.

Neurohumeral Anoxia

Neurohumeral anoxia must be guarded against in the unconscious patient who has suffered a craniocerebral injury and who may not have had sufficient fluids or food for some time. If the available salts or sugars in the cerebral cells become depleted, cellular oxidation cannot take place and typical anoxic degenerative lesions may occur. The alcoholic patient who has had a severe head injury frequently presents this problem. He may not have taken food for some days and often enters the hospital in a dehydrated condition with an extremely low blood sugar. He may be maniacal, unconscious or having convulsions. Morphine or other sedatives should never be given to this type of patient. A nasal tube should be passed and orange juice, milk and eggs introduced into the stomach. One advantage of the tube feeding over the intravenous injection of sugar or salt solutions is that the stomach can select the necessary food and fluids better than the surgeon can estimate the right amount of sugar, salt or fluids to be placed into a vein; also less damage is done by the wild patient who pulls out his nasal tube than the one who dislodges his intravenous needle. If intravenous fluids are given, care must be taken not to give more fluids than the brain cells can tolerate. Anoxic cerebral lesions as a result of intravenous feeding in too large volume can be demonstrated at autopsy.

I would like to report a case which illustrates some of the points in this discussion. During the hottest week of summer I was called to see a young man, a fairly heavy user of alcohol, who had received a fracture through a frontal sinus as a result of an automobile accident. He had walked into the hospital complaining of some headache and was put to bed. Fluid intake was limited to 1000 c.c. daily. Because of the sinus fracture he was given heavy doses of sulfanilamide. He became irritable and was given nar-

cotics and barbiturates in fairly large amounts. On the third day after admission he developed a temperature which remained at 105° for three days until the time that I saw him in consultation. On examination there was no evidence of meningeal infection. The patient was cyanotic, drowsy and very irritable. His pulse and respirations were rapid. Deep reflexes were all exaggerated.

The patient was given as much water and orange juice as he would drink, sulfanilamide was discontinued and he was placed in a cool oxygen tent with a ten liter flow. His temperature came down immediately, his irritability and drowsiness disappeared and he has remained entirely well since this time.

This man gave a clinical picture of cerebral anoxia. The anoxic factors to be considered were: (1) anoxic anoxia (extremely hot weather with increased oxygen demand); (2) anemic anoxia (oxygen carriers tied up by sulfanilamide); (3) stagnant anoxia (trauma with increased intracranial pressure); (4) histotoxic anoxia (alcohol, morphine, barbiturates); (5) neurohumeral anoxia (dehydration). No one, of course, can say which of these factors were responsible for this patient's alarming symptoms of cerebral anoxia. However, he responded to a "shotgun" reduction of the possible anoxic factors in his case.

The clinical manifestations of cerebral anoxia have a regular pattern and sequence regardless of the anoxic mechanisms involved. However, the individual effects of various anoxic mechanisms, present in any one case of craniocerebral injury, are difficult to evaluate, since there are no exact laboratory guides. Every method of therapy in craniocerebral injuries must have as its motive a reduction in the summation of anoxic effects with a consequent decrease in the mortality and morbidity of these cases.

10 Peterboro Street

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POSTGRADUATE PROGRAM

Complete schedule of the Michigan Postgraduate Program will be published in the September Journal.

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Pneumonia

Clinical Diagnosis*

By Alpheus F. Jennings, M.D.
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■ Not many years past, the early diagnosis of pneumonia was an erudite achievement affording renown to the physician but little benefit to the patient. Now this is different. There are at present two specific methods of treatment but to be successful they must be administered in the early days of the disease. Of otherwise healthy persons diagnosed and treated on the first day, all but the exceptional case will recover. The chance of recovery decreases with each day that the disease goes unrecognized and after the fourth day specific treatment adds little to the patient's natural ability to recover. The diagnosis should be made preferably within forty-eight hours of the onset.

If the onset is abrupt the symptoms are chills, followed by fever, pain in the chest, cough with rusty sputum and dyspnea. In such case the are those of a rather severe common cold and diagnosis is obvious. More often the symptoms frequently the pneumonia follows a common cold in such manner that is it difficult to state at what time it began.

The symptoms of the first few days are deceptive in their mildness but the physician may be on the watch for several features. One is, that while the patient insists that he has only a little cold, he is, nevertheless, unduly sick and prostrated and takes readily to bed. The other is, that an initial exhilaration may make the patient noticeably alert and unconscious of his illness.

Even during this period the blood culture may be positive. After two to four days of these symptoms the unmistakable clinical pic-

*Read as part of a symposium on pneumonia before the Wayne County Medical Society, January 20, 1941.

ture of severe pneumonia becomes apparent, but in the meanwhile the most valuable time for treatment will have been lost, if the physician is not awake to the possibility of it.

Physical Signs

As it is with symptoms so it is that physical signs are usually deceptive during the first few days. Consolidation is rarely detected. The early signs are suppression of respiration over one lobe, an area of râles or an area of faint bronchial intonation of the spoken voice or whisper, without bronchial breathing. Dullness is usually absent. There is no standard method of eliciting râles. In one case they are heard after cough, in another on sharp respiration and in still another on normal breathing. Pleural friction may be heard. The temperature is usually above 102.5°, which, in an adult, is seldom the case in a simple respiratory infection. The pulse is not rapid in the case of moderate severity. If it is, it indicates a fatal outcome except for specific therapy. An especially valuable early sign is elevation of the respiratory rate and this may not be obvious unless the physician sits quietly by the bedside and counts it with his watch. The physical examination must be thorough and made with care and deliberation. No consideration of inconvenience to the patient or demands upn the physician's time should be permitted to interfere with it.

I have purposely omitted from this discussion consideration of the diagnosis of the fully developed case of pneumonia since there is nothing I can add to your knowledge of it. The features that I have mentioned serve to raise a strong suspicion of pneumonia rather than to conclusively diagnose it. When the suspicion has been entertained it must be confirmed by laboratory studies.

Laboratory Examinations

The study of the sputum is indispensable in the diagnosis of pneumonia. It entails little effort on the part of the physician. He merely obtains a suitable receptacle in which the specimen will not quickly lose its moisture, he encourages the patient to coöperate and he then delivers the specimen to the laboratory. Hospitals should make the facilities of their laboratories available to members of their staffs for this purpose. If the sputum is to be kept some hours before delivery to the laboratory it should be placed in the ice box to prevent overgrowth by nonpathogenic organisms.

If, in the presence of symptoms mentioned previously, pneumococci are found in the sputum, the diagnosis of pneumonia may be considered established. It is true, as Dr. Frisch will, I hope, show, that certain types of pneumococci are found in the sputum of uninfected persons and also that certain types are relatively avirulent. Nevertheless, when a matter of diagnosis is under consideration no type should be ignored. Pneumococci are found in the sputum of from 80 to 96 per cent of all cases of pneumonia. The percentage found in any series will depend upon the nature of the prevailing epidemic, the care with which the sputum is obtained and the accuracy of the laboratory. Besides confirming the diagnosis, the presence of pneumococci in the sputum indicates that chemotherapy or serotherapy should be instituted at once and it is the only means except blood culture to determine which type serum should be used.

Second to the pneumococcus the streptococcus is most commonly found in the sputum. Morphologically it may resemble the pneumococcus but it differs in that it fails to react to the Neufeld test. Its presence suggests chemotherapy, but the results may be disappointing. Pneumonia due to the staphylococcus has been in the past rapidly fatal. Both chemotherapy and serotherapy are now of value when the organism is present. The Friedländer bacillus is the cause of about 1 per cent, of pneumonias.[1] It is not related to the pneumococcus, being a member of the Tribe Escherichiæ. Nevertheless, some hope has appeared that both chemotherapy and serotherapy may be effective against it.[4] The rôle of the influenza bacillus is still to be decided and no treatment has been demonstrated as yet.

When none of these organisms is found and the sputum contains only the common mouth bacteria, information of value still has been provided. In this case one may conclude that there is either a virus pneumonia or that some disease other than pneumonia is present. The only result to be expected

from chemotherapy is intoxication of the patient and there is no reason to use serum. In rare instances tubercle bacilli are found in the sputum and the case proves to be one of acute tubercular infection.

The blood culture can be made at the bedside. We have rubber capped flasks which can be carried without chance of contamination. The inoculation is made by plunging the needle of the syringe through the cap immediately after withdrawal of the blood. Blood culture should be made when the decision to start intensive treatment has been reached, since the blood may become sterile thereafter. The blood culture, if positive, affords two items of information. The first is that the bacterial etiology is established and the second is that the case is proved to be one of desperate outlook unless it can be controlled by treatment. At times the blood culture is positive when the symptoms appear inconsequential.

The x-ray will reveal consolidation when it cannot be detected by physical signs and theoretically it is advisable in every suspected case. It will not distinguish the infecting agent nor will it differentiate pulmonary infarction from pneumonia. Even when films have been made the clinician will need to exercise his judgment. There are a certain number of minor shadows which are found in simple respiratory infection and which are puzzling to the roentgenologist. At times the film will fail to reveal consolidation even though the physical signs of it are detected, or it would seem certain that it is present. Its use is limited by its cost and restricted availability outside of hospitals.

The blood count in pneumonia shows a polymorphonuclear leukocytosis. The only exception to this is those cases in which the blood response is overwhelmed by the toxemia, and which are obviously desperately sick. In them the diagnosis rapidly becomes evident by the characteristic symptoms and signs.

Differential Diagnosis

Because of their having somewhat similar symptoms and physical signs several conditions need be distinguished from pneumonia. Fortunately, each has one or more sharply differentiating feature. Bronchopneumonia need not be separated from lobar pneumonia for purposes of this discussion since treatment is identical in each.

In acute tubercular pneumonia the tubercle bacilli are always present in the sputum.

Either serous or purulent pleural effusion may occur abruptly. There is in them absence of tactile fremitus, a sign frequently overlooked by both students and practitioners.

Pulmonary infarction is recognized mainly by its association with other diseases, namely, arteriosclerosis, heart disease, operations, childbirth, trauma, infections and thrombo-phlebitis which may often be concealed. The sputum shows the common mouth bacteria only.

The signs of consolidation may be found in certain forms of acute rheumatic fever. The pulse is elevated far out of proportion to the fever, and pericarditis is present.

A form of pneumonia due to a virus[2] has been recognized in recent years as a consequence of bacteriological studies. In this disease all the characteristics of pneumonia are present, but the sputum shows no predominating organism and the blood culture is sterile.

It is to be expected that a pandemic of true influenza may break forth soon. In addition to respiratory symptoms, there are in the disease intense headache, backache and pains in the extremities. In severe forms collapse occurs early. There is leukopenia and the sputum is negative unless secondary invading organisms are detected.

Conclusion

The temptation is great to administer one of the chemotherapeutic agents at the onset of any respiratory infection, and thereby avoid the laborious diagnostic studies which have been enumerated. There are several embarrassing results of such a course. In the first place, chemotherapy cannot as yet be depended upon as the sole cure for pneumonia. In the second place, accurate diagnosis is rendered difficult because, as Frisch[3] has shown, chemotherapy diminishes the numbers of pneumococci in the sputum and may thus interfere with accuracy of typing. The patient may thereby be deprived of serum therapy that he should have. Thirdly, if the patient fails to respond to this treatment within a few days there will then ensue a state of utter confusion with the physician uncertain

whether the symptoms are caused by drug or by disease and, if disease, which disease. And finally, serious toxic effects of the drug are bound to occur at best, and my own impression is that these toxic effects are more common when the drug is given in the absence of organisms susceptible to its action.

The conclusion is obvious. Spare no effort to reach a working diagnosis if possible before therapy is instituted. If chemotherapy appears imperative before the diagnosis is established, do not relax but rather intensify the diagnostic studies.

Bibliography

1. Bullowa, J. G. M.: The Management of the Pneumonias. New York: Oxford University Press, 1937.
2. Editorial. Jour. A.M.A., 115:2180, (December 21) 1940.
3. Frisch, A. W.: Sputum studies in pneumonia. The effect of sulfanilamide. Jour. Lab. and Clin. Med., 25:361, (January) 1940.
4. Lord F. T., Robinson, E. S., and Heffron, R.: Chemotherapy and Serum Therapy of Pneumonia. The Commonwealth Fund, 1940.

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Eunuchism

Treatment with Testosterone Propionate

(Report of a Case)

By Hazen L. Miller, M.D.
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HAZEN L. MILLER, M.D.

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■ The positive and striking effect of testosterone in patients lacking testicular substance is now a conceded phenomenon. That it is also the only effective method of bringing about puberty or reëstablishing a sex life in males, who, because of anomaly or injury, have not sufficient testicular tissue, is an established endocrinological fact.[7,8,9,11]

However, there are many phases of this hormone's activity which are not clear. The effect on the development of the prostate and its hypertrophy is one of them.[1,2] The hypertrophy of the kidney which Selye found to occur in experimental animals also invites study.[3] The masculinizing effect of testosterone propionate on the female[4,5,6] should especially be kept in mind in considering the case here reported.

These considerations and the relative rarity of such conditions prompted the writer to report this case.

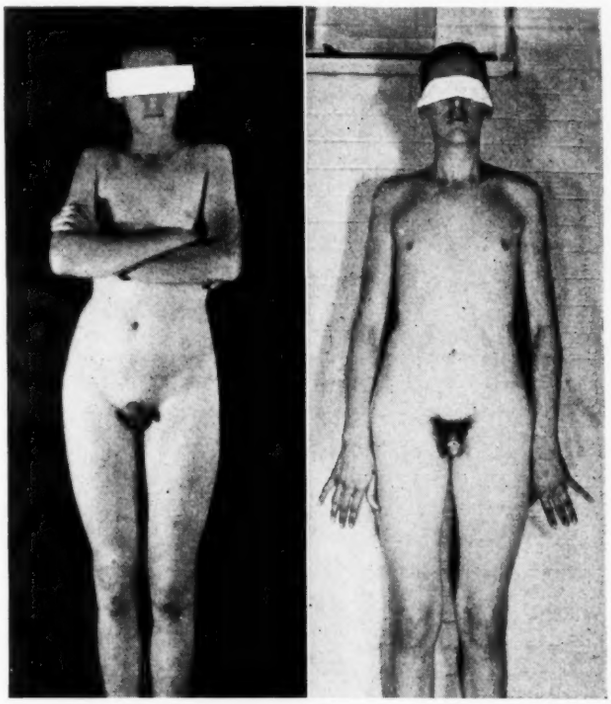

Fig. 1. *(Left)* General appearance when first seen. *(Right)* General appearance four months after implantation of pellets of testosterone propionate.

The patient, apparently a male and nineteen years old, came to the Out Patient Department on August 1, 1939, because of failure of sexual development and blindness of the left eye. The blindness was due to an injury seven years previously. He had never experienced sexual desire, erections or ejaculations.

About five year before, an operation for cryptorchidism was performed at Toronto General Hospital. The condition found is described in the following report:

"This unfortunate boy of fifteen came to the hospital for investigation and treatment of cryptorchidism. Examination showed the penis to be infantile in type—the scrotum to be small and empty; there was no growth of pubic hair, or in fact anywhere else on the body. A careful palpation in the region of the internal ring and inside was suggestive of a small mass which was taken to be the testis. Exploration was carried out and on both sides a similar finding was

encountered. At the internal ring was an oval mass about the size of an almond which felt like a testis, but on being visualized looked like a lymph gland. Quick section was done and it was reported lymph gland. Careful examination revealed no sign of a testis. Palpation in the extraperitoneal pelvis gave no sign of a uterus or ovary. The wounds were closed; the conjoined tendon being sutured to Poupart's. Pre-operative examination revealed no sign of an ectopic testis. Pathological report on the tissue was 'chronic lymphadenitis.'"

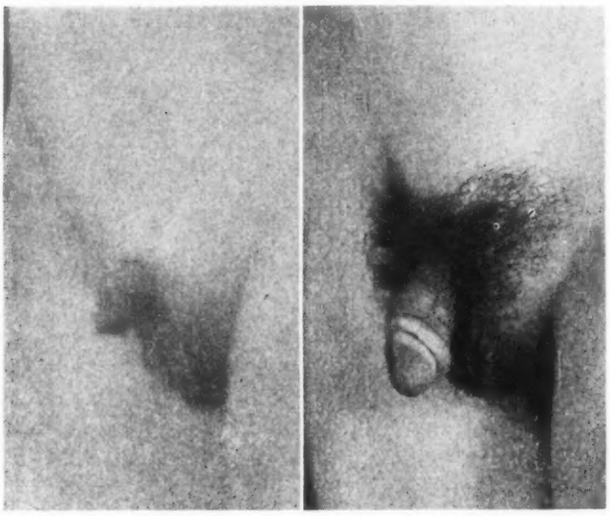

Fig. 2. *(Left)* Genitalia when first seen. *(Right)* Genitalia four months after implantation of pellets of testosterone propionate.

This individual had the appearance of a girl dressed in boy's clothes. He was 5 feet, 9½ inches in height and weighed 122 pounds. His manner was languid and he seemed to lack energy. His formal education was carried only through the third grade because of his father's peripatetic occupation, but he seemed quite well informed for his age and answered questions promptly and intelligently. He evinced an interest in girls but has never attempted any sexual approach, giving as his reason, "I would look foolish attempting anything with what I have." He has tried masturbating with a resultant slight engorgement of the penis producing about a 1 cm. increase in length. He appears to be interested in boyish pursuits, plays football and makes model airplanes.

The father and mother and two younger brothers are living and well and apparently normal.

On physical examination this patient was of the slender stature above described with a sexless configuration of the body, tending to the female type as shown in Figure 1A. The shoulders were small and the musculature was poor. There was no suggestion of mammary gland, and no other indication of ovarian function.

There was a scar on the left cornea. On the face there was little or no hair and no axillary or pubic hair. The voice was soprano in pitch.

There were bilateral inguinal scars. Nothing suggestive of a testicle was palpable either there or in the scrotum, except for an indefinite thickening at the right external ring. The scrotal sac was undeveloped and the penis infantile, measuring about 3 cm. in length and 1 cm. in thickness with a very marked narrowing of the meatus. Rectal examination revealed no evidence of a prostate gland; no secretion could be expressed from the urethra.

The extremities were negative except for extraordinarily long and prehensile fingers and toes.

Laboratory Findings

Urine: Straw color, alkaline. Albumin, negative. Sugar, negative. Sediment, occasional WBC. Blood: Hgl. 90 per cent, RBC 4,640,000, WBC 7,200, filament 60 per cent, non-filament 8 per cent, lymphocytes 30 per cent, endocytes 2 per cent. Blood N.P.N. 29 mg. per 100 c.c. blood. Blood sugar 115 mg. per 100 c.c. blood. Blood Kahn negative. An Ascheim Zondek test was not done.

Blood pressure was 120 systolic and 60 diastolic.

On October 5 a meatotomy was done increasing the caliber of the meatus from 18 F to 24 F. However pyelographic studies of the upper urinary tract were carried out by the excretory method on October 28 because of the yet infantile penis. These pyelograms (Fig. 2A) show actively secreting kidneys, but are rather small for the patient's age and size.

Treatment

This patient was first treated with Antuitrin S throughout the month of August, 1939, receiving 500 rat units intramuscularly every two or three days to a total of 7,000 rat units. There was no apparent change in his condition.

He was then given testosterone propionate, 25 mg. intramuscularly, receiving five injections the first week and two injections a week

after that for five months. He received a total of forty-six injections of 25 mg. each, thus consuming 1,150 mg. of this expensive preparation in less than half a year.

with discharge of a starchy substance resembling semen until the seventh week.

Within a week of the beginning of his replacement therapy he felt "more peppy,"

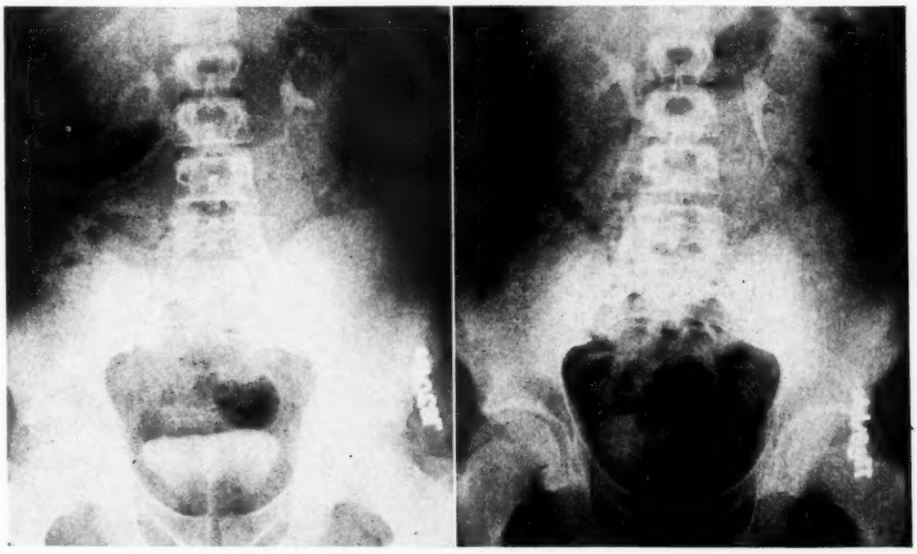

Fig. 3. *(Left)* Excretory pyelogram before testosterone propionate therapy. *(Right)* Excretory pyelogram one year after commencing testosterone therapy.

The effects were instantaneous, sustained and gratifying. The penis, during the first week, became somewhat sore without any pleasurable sensation and there was considerable edema of the prepuce and scrotum. However, this soreness and edema disappeared in a week and the penis proceeded to increase in size in its flaccid state from the original length of 3 cm. to 4 cm. at the fourth week, 5 cm. at the sixth week and at the conclusion of his injections had attained the nearly normal size of 7 cm. All measurements were made from the symphysis to the tip of the glans. At first there was almost constant penile engorgement and erections occurred several times daily, lasting about a quarter of an hour. During this acute response a small amount of blood was once noted coming from the urethra.

Approximately one month after the beginning of his injections of testosterone propionate, the patient observed that he had experienced "sexual desire since taking the shots; before it never bothered me." Also about this time he reported that a viscous substance came from the urethra following defecation; but he did not have a nocturnal emission

whereas he had felt "groggy" before. This increase in energy was soon accompanied by a visible increase in musculature. In one month the patient gained from 122 pounds to 137 pounds. In two weeks more he weighed 142½ pounds and at present weighs 149 pounds. This immediate gain is interesting in view of the work of Thorn and Emerson on the production of edema by gonadal and adrenal cortical hormones.[10] During the past year the patient has increased in height from 5 feet, 9½ inches to 6 feet.

A growth of pubic hair became noticeable in three weeks and soon afterward a beard and axillary hair. It was nearly two months, however, before this hair growth became as prominent as that of a boy at the beginning of puberty. At about this time his voice began to become deeper and "crack" occasionally.

Early in his treatment the patient observed that his breasts were "developing." On examination there was found to be a slight swelling, induration and tenderness in the right nipple region, and later the same on the left. Nothing further was ever evident and at present there is nothing resembling a female breast.

As stated previously, at the end of five months the supply of testosterone propionate was exhausted and the patient's treatment lapsed, but without any apparent regression on his part during a three-month period. Through the courtesy of the Schering Corporation, pellets suitable for implantation were then obtained, and implanted in the left axillary region by Dr. C. J. Barone, an associate. Two pellets of 150 mg. each were used.

There was an immediate renaissance in sexual activity. Prolonged erections occurred about five times daily, and frequent emissions were noted for some time. He reports now, eight months' after implantation, that these emissions do not occur and the erections are diminishing. The voice continues to deepen and the pubic and axillary hair to thicken. There is fairly well developed facial hair, but no hair on the chest. The penis is quite well developed; flaccid, it measures 7 cm. in length and 3 cm. in diameter; when erect, the length is 12 cm. and the diameter between 4 and 5 cm. The denser tissue suggesting a small, rather amorphous testicle palpable at the right external ring, is still present and perhaps slightly larger. A small, firm prostate is palpable by rectum and is not tender. No secretion could be expressed from this on repeated attempts. However, the secretion discharged from the meatus upon manually induced ejaculation, has the gross appearance of prostatic fluid, not semen, and microscopically shows a moderate concentration of lipoid globules and no spermatozoa.

Excretory pyelograms were made on October 28, 1939, at the beginning of his treatment and again in December, 1940. These proposed to show clinically the hypertrophic influence of testosterone propionate on the kidney as demonstrated by Selye[7] experimentally. As will be noted (Fig. 2A-B), there is no very marked change in the size of the kidney in this patient after rather prolonged therapeutic dosage.

References

1. Burch, John C.: Endocrine therapy in obstetrics and gynecology. Surg., Gynec. and Obst., 70:503-508.
2. Geist, Samuel H., Salmon, Udall J., Gaines, J. A., and Walter, R. I.: The biologic effect of androgen (testosterone propionate) in women. Jour. A.M.A., 114:1539-1544, 1940.
3. Huggins, Charles, and Stevens, Roland A.: The effect of castration on benign hypertrophy of the prostate in man. Jour. Urol., 43:705-713, (May) 1940.
4. McCahey, James F., and Rakoff, A. E.: An estrogenic property of testosterone propionate. Jour. Urol., 42:372-375, (September) 1939.
5. McCullagh, E. Perry: Treatment of testicular deficiency with testosterone propionate. Jour. A.M.A., 112:1037-1044.
6. McCullagh, E. Perry, and McGurl, F. J.: Further observations on the clinical use of testosterone propionate. Jour. Urol., 42:1265-1273, (December) 1939.
7. Selye, Hans: The effect of testosterone propionate on the kidney. Jour. Urol., 42:637-641, (October) 1939.
8. Thompson, Willard O.: Male hypogenitalism. Jour. Michigan State Med. So., 39:842-847, (November) 1940.
9. Thomson, David S.: Relations between endocrinology and urology. Jour. Urol., 41:435-454, (April) 1939.
10. Thorn, George W., and Emerson, Jr., Kendall: Rôle of gonadal and adrenal cortical hormones in the production of edema. Ann. Int. Med., 14:757-769.
11. Vigdoff, Ben: The hormonal control of the prostate and its relation to clinical prostatic hypertrophy. Jour. Urol., 42:359-367, (September) 1939.

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Uterine Inertia in the First Stage of Labor*

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■ OF all the causes of dystocia or difficult labor, uterine inertia, with its weak and insufficient contractions, is perhaps the most frequent and troublesome. As little is known about its etiology, the condition is so unpredictable as to make prevention impossible for the most part. For the same reason, there is as yet no direct and certain remedy. Treatment must therefore depend largely on a careful consideration of possible complications and dangers, and their best management. Here, as in other conditions, knowledge accumulates and opinions change with experience, and so another review of an old subject may be justifiable.

As an example of a more or less personal opinion, it would seem to me that the problem of uterine inertia particularly concerns the first stage of labor, since it is generally agreed that persistent delay in progress after full dilatation of the cervix offers a clear-cut indication for feasible delivery by mid or low

*From Herman Kiefer Hospital and the Division of Obstetrics and Gynecology, Wayne University. Presented before the Kalamazoo Academy of Medicine, March 18, 1941.

forceps, or extraction in breech presentations. Again, the customary division of inertia into primary and secondary appears to have little practical importance as the problems to be solved are essentially the same in either event. Consequently, this discussion will apply almost exclusively to uterine inertia in the first stage of labor, and without regard to its time of onset. Also, only incidental mention will be made of other causes of prolonged labor, though it is recognized that they often play a part along with inertia.

Incidence

The incidence of uterine inertia varies somewhat with the types of patients. Those in their first labors are more likely to be affected than are multiparas, although the latter are certainly not exempt from the trouble. In some reports, occurrence is given as high as 10 per cent, but in the general run of obstetrical patients it probably is actually hardly one-half that figure—especially if the customary arbitrary duration of thirty hours or over is accepted as the criterion of prolonged labor. Moreover, care must be taken not to include cases with vague pains but not definitely in labor. With all proper statistical safeguards, the incidence is yet of considerable practical significance for the obstetrician.

Etiology

The etiology of this condition is most obscure—as should be expected when it is remembered that we have little more than speculative evidence regarding the cause of onset and continuation of labor pains. As noted before, women in their first labors are more subject to the trouble, and this is said to be especially true with elderly primiparas. Certain other predisposing conditions are often mentioned, such as mild bicornuate or arcuate uterus; overdistention from multiple pregnancy, hydramnios, or large child; uterine fibroids; pelvic adhesions; and unusual fear or other emotional upsets. These factors are so far from constant in their action, however, as to offer little help in predicting inertia. Advanced disease, general debility, and such are unimportant. In fact, women in poor condition from tuberculosis, cardiac disease, and acute infections, for example, tend to have rather easy labors. Premature rupture of the membranes is now generally believed to be more often a result than a cause. Contracted pelvis and some abnormal presentations have, unfortunately, a high incidence of complicating inertia, but from recent studies at Herman Kiefer and Harper Hospitals we doubt that a like impression regarding breech[7] and posterior occiput[9] presentations can be verified. Considerable attention to body build has yielded only generalizations of no great practical value. The etiology, then, of this important obstetrical condition is essentially unknown. Furthermore, there are so many exceptions to any rules so far laid down that the presence or absence of any probable or suspected causal factors gives little certainty regarding the possible appearance or non-appearance of uterine inertia in any given case.

Complications and Their Treatment

Where the cause of a condition is largely guesswork, prevention is likely to be of the same order. Theoretically, the endocrines might have some bearing on the problem, but results with the use of all, even ovarian follicular hormone, which seemed most promising of any, have been equivocal and unconvincing. Of some interest, however, has been the recent report by Wadlow[11] and a similar one by Pomerance and Daichman.[5] Both of these small series of women, kept on a diet greatly restricted in salt, showed averages for the duration of labor appreciably shorter than those usually accepted. The régime should be harmless, though probably hard to maintain, and no doubt further reports will soon appear by which we may judge the efficacy of the treatment. As indicated before, efforts in the prenatal period directed towards improving the general health may be futile in the prevention of uterine inertia but would at least give better resistance should this, or any other, complication arise.

Infection.—If we grant, then, that uterine inertia in labor is largely unpreventable, we should realize the hazards of the complication and be prepared to combat them as well as can be done. One definite danger is intrapartum infection, with the subsequent increased incidence of puerperal infection for

the mother, and high fetal mortality. As definitely shown (by Harris and Brown,[3] and by Siddall,[8] among many others), the intrapartum infection rate increases directly with the duration of labor, and this is especially the case if the membranes are ruptured. Certainly, this danger emphasizes the need of meticulous aseptic technic and the limitation of vaginal, and even rectal, examinations during labor and late in pregnancy. Efforts at more positive treatment, notably by H. W. Mayes,[4] in which not only is the vulval site prepared in the usual way but also an antiseptic is instilled into the vagina from time to time during labor, has given good results in the hands of some. Others have found it of little use, and DeLee[1] reports an actual increase of infection with the method. I believe that this technic is probably harmless but as yet am not entirely convinced of its efficacy.

Exhaustion.—The other major danger is physical exhaustion—sooner or later, if labor lasts long enough, jeopardizing the mother's life undoubtedly, and probably the child's also.

Again, it may not be amiss to point out that a diagnosis of exhaustion is not to be based on the statements of the woman but on a rising pulse rate and other definite signs of beginning collapse. Recognizing that the treatment of frank exhaustion in labor is far from satisfactory, we are wise to anticipate and institute early measures aimed at prevention, or more exactly, postponement, of the danger.

The procedures for treatment or postponement of exhaustion fall, for the most part, into two groups. First is the promotion of rest and sleep; and here it is well to remember that though morphine gives the most perfect rest, it also is prone to diminish the already weak contractions. Barbiturates, with perhaps small amounts of scopolamine, have less effect on the pains and are often for this reason chosen though there is the risk of inducing excitement rather than sedation in an occasional patient. An additional small dose of morphine will usually eliminate this objectionable reaction. There seems to be no doubt of the appreciably better results to be obtained in these cases by emphasis on the use of analgesic drugs rather freely.

Also, of great importance in forestalling exhaustion in prolonged labor, is the matter of food and water. Digestion is impaired during labor, it is true, but small amounts of easily digestible food at frequent intervals are well handled and help to keep up strength and morale. Of even more consequence is attention to an adequate intake of water. Many patients in labor require urging to take anything by mouth, and where there is vomiting and with the use of analgesia, dehydration may become a real problem. Pride and Reinberger[6] have demonstrated a high frequency of genuine, and sometimes dangerous, acidosis in long labors. Incidentally, they attributed some of the acidosis to the production of lactic acid from muscular activity and, furthermore, found that analgesia limited this, and hence the acidosis, presumably by promoting rest and quiet. There would seem to be good reason back of the common custom of giving glucose solution intravenously (say, 1000 cubic centimeters of a 5 per cent solution every 12 hours) to patients long in labor in order to assure them a fair water intake as well as some readily usable food.

Stimulation of Pains.—Inasmuch as this condition is one of weak and insufficient pains, it is only natural that efforts should be directed towards correction of the trouble by stimulation of uterine contractions. The lack of anything but speculative knowledge as to the initiating impulse causing labor pains has been an insurmountable difficulty in treating the actual cause. Trial of the ovarian follicular hormone has been disappointing[12] as noted before. On the theory that increased pressure in the uterus stimulates pains, a tight abdominal binder has been recommended, and it might well have some effect if it were not generally too uncomfortable for use. Others encourage a patient to remain upright or walking so that gravity will bring the presenting part against the cervix, but such activity is of questionable benefit and, if persisted in, contributes to exhaustion.

Experience has shown that digital stripping away of the membranes from the lower uterine segment, or perhaps the stretching of the cervix with such manipulation, sometimes produces better pains. If vaginal exploration is

already indicated to rule out malposition or for other reasons, there should be no contra-indication to a trial of this procedure. Artificial rupture of the membranes is more often successful but is wisely reserved for patients with considerable dilatation of the cervix and in whom, in case of failure and the consequent increased danger of infection, operative delivery could be reasonably practicable. The hydrostatic bag introduced through the cervix is a fairly efficient stimulator and dilator but carries with it too much danger of infection and prolapse of the umbilical cord for routine use.

Direct stimulation of pains by oxytocic substances has been the subject of much controversy. Castor oil and quinine either in combination or singly, are old and much used remedies, though admittedly uncertain in their action. In fact, there are some who question any degree of efficacy for either drug. Moreover, evidence has been advanced to show that quinine may cause deafness of the child or even its death. However, such dangers can be only very slight at the most, and the preponderance of clinical opinion regards both as sufficiently helpful to justify a trial in many cases. Perhaps some of the confusion has arisen because the effect is seldom immediate, but is evidenced after the lapse of 4 to 6 hours. Paradoxical as it may seem, these drugs, either alone or together, may be given with morphine, since the stimulating action of the former comes into play as the sedative and recuperative effect of the latter wears off.

Extracts of the posterior pituitary gland were at first highly recommended for use in these cases, and they are undoubtedly efficient stimulators. But, it was soon learned that such serious accidents as rupture of the uterus and death of the child might result, and there came about a general condemnation of the procedure. Williams[13] says, "—its administration is reprehensible during the first stage of labor." Titus[10] agrees with this, without reservation. On the other hand, Faber and Mussey,[2] and a few others, have maintained that cautious use of the substance may be defensible where operative termination of labor would otherwise be necessary. Some of the staff members of Herman Kiefer and Harper Hospitals have long held that though large doses of these substances are highly dangerous, this fact does not necessarily mean that *small* quantities should be so harmful as to be totally contra-indicated. At Herman Kiefer an experimental study[9] was made, and the results can be summarized as follows:

The sixty-two cases were at term, with viable babies, and had been in definite labor for thirty hours or more, the dystocia being due to uterine inertia as the only cause. Either pituitary extract or a solution of the oxytocic fraction (pitocin) was given at intervals of twenty to thirty minutes, beginning with 1, 2, or 3 minims and increasing a minim a dose to a maximum of 5 minims. Whenever good stimulation occurred during a course, administration was, of course, discontinued at that point. In some instances the course was repeated after a lapse of several hours, when the first had been without effect. Among the sixty-two cases there were forty-two with efficient and lasting stimulation of pains causing satisfactory completion of the first stage of labor. Essentially the same results were obtained for primiparas and multiparas. In the twenty classed as failures, there also was apparently some effect in the majority, as only three required operative intervention before full dilatation of the cervix. In these sixty-two very difficult cases there were only four stillbirths, and of these not more than one could possibly be ascribed to the use of pituitary extract. There were no neonatal deaths, and the fifty-eight babies born alive showed no evidence of injury. One maternal death occurred following operative interference *after* full dilatation of the cervix and was in no way due to stimulation of the uterus. We were convinced, however, that the method is not free of danger as there was one instance of tetanic contraction of the uterus after an initial 2 minim dose—fortunately relieved by ether anesthesia and without detectable injury to mother or child. Because of this experience, we recommended a first dose of not more than one minim to test out the reactivity of the uterine musculature.

The foregoing is intended in no way as a recommendation for the indiscriminate employment of pituitary extract in labor. There is always some risk with its use, and large doses are very dangerous. However, in very difficult cases of uterine inertia with operative intervention becoming inevitable, it does seem that a careful trial of pituitary extract should be considered as the lesser hazard.

Operative Intervention

In the event that all treatment has failed and the woman with an incompletely dilated cervix begins to show signs of exhaustion and infection, operative interference becomes imperative to forestall a tragedy. Cesarean section is usually out of the question because of the risk of infection. Experience has shown that even the formerly recommended low cervical or the extraperitoneal technic, though affording some protection, are yet associated with too high a mortality after long labor. An exception may sometimes be made where future child-bearing is not desirable or may be sacrificed, and cesarean section can be followed by removal of the uterus. This is necessarily a rare situation since the majority of these women are in their first labors.

When the cervix is half or more dilated, completion of the dilatation is to be accomplished and the child delivered by forceps or version and extraction, depending on which is dictated by the circumstances. With less than 5 centimeters dilatation, it is generally wise to insert a hydrostatic bag for at least a trial at promoting some progress before attempting delivery. For operative enlargement of the cervix, direct incision according to Dührssen has largely supplanted so-called manual dilatation, which in fact was not dilatation but rather manual tearing. Cutting is much quicker and, moreover, has the distinct advantage of permitting the placing of the incisions in the safest directions. Since the operation is described in every textbook, little need be said on the technic.

It has been stated, however, and I believe the statement is true and worth repeating, that the commonest mistake in connection with this operation is its posponement until too late. Its well known formidableness leads too often to ill-advised delay; and finally when the attempt is made, the patient is in the last stages of exhaustion.

Another and frequent error is found in insufficient incisions. Traction on the fetus, then, is very likely to result in sudden and dangerous extension well up into the uterus.

Finally, a word may be said in regard to one more danger, namely, postpartum hemorrhage. Uterine inertia is often followed by uterine atony, and after successful delivery, the patient's life may be again jeopardized by profuse bleeding. Treatment, of course, is as usual for postpartum hemorrhage, but anticipation should permit more prompt institution of the necessary measures.

Summary

Uterine inertia is a common cause of dystocia, especially in first labors though multiparas are not exempt from the trouble. In the second stage of labor, operative delivery is usually feasible; but prolonged first stage due to weak pains is apt to be difficult to treat and may be dangerous for mother and child. The actual etiology of uterine inertia is unknown, and moreover the usually accepted predisposing factors are so variable in their effect as to be of little value in predicting the condition for any given case. Consequently, attempts at prevention are mostly futile, though the recently suggested salt-poor diet may prove to be of some help. The chief dangers associated with the prolonged labor of uterine inertia are infection and exhaustion, and treatment for these is outlined. Direct stimulation of uterine contractions has been widely condemned as hazardous but at times may be justifiable in order to avoid greater risks. Results are given for an experimental series of these cases treated by careful administration of pituitary extract. In some instances all treatment fails; and with the approach of danger, operative intervention becomes necessary, and this should not be postponed until too late. Cesarean section is usually contra-indicated. If the cervix is less than half dilated, the dilating effect of a hydrostatic bag may be tried. But, when 5 centimeters or more dilatation has been attained, the general indication is for ample incision of the cervix and extraction of the child by forceps, breech extraction, or version and extraction, as the circumstances dictate. Postpartum hemorrhage due to uterine atony often follows uterine inertia.

References

1. DeLee, J. B.: Principles and Practice of Obstetrics, Ed. 7, p. 318. Philadelphia & London: W. B. Saunders & Co., 1938.
2. Faber, J. E., and Mussey, R. D.: Med. Clin. North America, 23:1049, 1939.

3. Harris, J. W., and Brown, J. H.: Am. Jour. Obstet. & Gynec., 13:133, 1927.
4. Mayes, H. W.: Am. Jour. Obstet. and Gynec., 30:80, 1935.
5. Pomerance, W., and Daichman, I.: Am. Jour. Obstet. & Gynec., 40:463, 1940.
6. Pride, W. T., and Reinberger, J. R.: Am. Jour. Obstet. and Gynec., 35:793, 1938.
7. Seeley, W. F., and Siddall, R. S.: New Internat. Clin., 1:29, 1940.
8. Siddall, R. S.: Am. Jour. Obstet. and Gynec., 15:828, 1928.
9. Siddall, R. S., and Harrel, D. G.: Am. Jour. Obstet. & Gynec., 41:589, 1941.
10. Titus, P.: Management of Obstetric Difficulties, p. 391. St. Louis: C. V. Mosby Co., 1937.
11. Wadlow, E. E.: Am. Jour. Obstet. & Gynec., 39:749, 1940.
12. Weisman, A. I.: Med. Rec., 153:52, 1941.
13. Williams, J. W.: Obstetrics, ed. 7, p. 924. New York: D. Appleton-Century Co., 1936.

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NO RETREAT FOR MEDICINE

The flame-lit skies of bombed British towns can sometimes be seen at night from countries across the Channel. America, too, hears the rumble of the War God's chariot and his hot breath is felt by each of us. This is not strange when every paper in the land carries banner headlines on war and on our defense measures.

Reports are conflicting. The losses of the combatants fluctuate like the stock market and figures are high or low, depending on which side is telling the story. Our thoughts are pulled this way and that by propaganda. It is true that our sympathies lie with the democratic nations, but do not make the mistake of believing that therefore the dictator powers can have no influence over our destiny. Propaganda, we are told, is the most powerful weapon that can be wielded. It sneaks and crawls into the very mind of man or marches in to the tune of martial music. The democratic nations reach us by arousing sympathy; Hitler and his unholy brethren inspire us with terror and try to create the impression that they are invincible. Many are prone to fall under the hypnotic sway of such suggestions and might then assume that a struggle is not even worth while.

Countless old legends are woven around a theme similar to the story of Achilles' heel. It is comforting to remember that there is always a weak point that can be reached, and when poise is substituted for hysteria we know that liberty must eventually conquer.

In a life-and-death struggle such as that now being waged by England, activities must be restricted to the bare necessities. Research goes on feverishly but in the destructive field of war machinery. Medicine goes on too, and we are even told of great discoveries in plastic surgery, wound therapy, and so forth, which evolved during or as a direct result of the last World War.

These too, however, must be considered as children of necessity. The greatest part of medicine has to be laid aside to be dusted off only after the peace treaty has been signed.

In the meantime our American physicians must carry a burden of responsibility not only for themselves but for those of their profession who are homeless and persecuted, for the harassed and overworked in the war zone, for the dead, and for that vast uncounted army of young men who would have become healers if fate had not called upon them to become killers.

We must not permit the fire glow from England to cause panic which will rout the ranks of medicine. We must continue to perform our everyday tasks with as much serenity as possible. We must not discard research as useless in a mad world, for the day will come to aid those who are torn and bleeding so that when the first of destruction dies away, they may lift high the bright flame of liberty that burns undying in their hearts.—*Pennsylvania Medical Journal,* Feb., 1941.

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NURSING EDUCATION VS. NURSING CARE

From a discussion at the midwinter session of the Council of our Association, it is clear that the problem of nursing care is constantly growing in seriousness and that unless remedial measures are promptly instituted there is danger of a complete breakdown of this indispensable service to the sick. Hospitals throughout the state are threatened with serious handicaps in their nursing care. The problem is particularly acute for smaller institutions in the outlying districts.

The present dilemma may be traced to a number of factors. The public health activities, the Red Cross, the Visiting Nurse Associations, the school health services, all have already absorbed, and are continuing to draw, goodly numbers of graduates. The salaries, the hours, and the nature of service offered by these positions are obviously more attractive than are the duties connected with bedside routine in a home or in a hospital.

The greatest contributing factor, however, must be sought in deeper territory. The history of nursing education in this country runs closely parallel to that of medical education with this exception. A generation ago there were 170 medical colleges in the United States. As to training schools, well, there were almost as many as there were hospitals. In Nebraska too, until the reform began it was unthinkable for a respectable hospital to deprive itself of a nurses' training school. This statement is not made in a spirit of sarcasm. Indeed, many graduates from these now extinct training schools are today rendering excellent bedside care to the people of our commonwealth.

With the change in trends of education in nursing, the smaller schools have disappeared. Now only the large and well endowed hospitals can keep up with the rigid requirements and the academic equipment necessary for an approved training school. The effort to improve the standards of any profession deserves praise, and as physicians we express our enthusiasm over the attempt. In fact, we have helped in no small measure to expand the curriculum.

"The recently graduated nurse is more interested in an executive or administrative job than in actual nursing." This statement was made in full sincerity by a member of the Council, who for many years has operated a well equipped but small hospital in the state. The sentiment seemed to be general and practically unanimous that the modern R.N. considers herself too well trained to administer "hypos" and enemas.

It is not within the scope of this editorial to suggest a solution to the problem. That the situation is urgent the leaders in nursing education undoubtedly appreciate. It is ardently hoped that our committees appointed to study the dilemma will bring in some tangible information that may promptly be utilized as a basis for betterment of nursing care in Nebraska. —Editorial from *Nebraska State Medical Journal,* March, 1941.

EDITORIAL

MATURE JUDGMENT NEEDED

■ UNLESS intelligent judgment is used there will always be difficulty in determining the dividing lines between public health, preventive medicine and curative medicine. Probably every curative procedure in medicine could be judged by some to be a public health or a preventive measure and tacitly the function of the Department of Health.

A number of instances have occurred recently which indicate a broadening of this viewpoint in defining public health and preventive measures and the part which should be played in them by the group of health officers.

The Department of Health maintains a mobile x-ray unit for the purpose of surveying certain districts in which the incidence of tuberculosis is a major problem. Primarily, it was meant for use in those districts in which x-ray facilities were lacking. In two counties (which *are* adequately equipped roentgenographically) the use of this unit has been offered to manufacturing plants at a cost below that which could be met by private roentgenologists. In each of these factories the county health officer has felt a need for such a survey existed. In one county the medical profession refused to place its endorsement upon this use and an appeal was taken to The Council of the Michigan State Medical Society. The decision was referred back to the county medical society as being entirely within its own province since the Department of Health had stipulated that the consent of the local profession must be obtained before the unit was used for this purpose. In the other county the profession took no formal action but a large majority of the members individually offered no objections.

It seems to be the practice for the health officer to initiate this type of survey and since the survey is usually discussed with the industrialist before consulting the medical profession it puts the onus of the decision on the practicing physician. In the smaller counties this is embarrassing to some members.

When the health officer has such a program to suggest, the county medical society should be consulted first and then the proposal should be carefully weighed and studied, not alone from the immediate effects upon the doctor himself, but upon the real need, from the standpoint of preserving the health of the community, and also from the standpoint of the preservation of private enterprise, which is the foundation of the private practice of medicine.

———MSMS———

A GREAT MEETING

■ THE MICHIGAN State Medical Society will hold its Seventy-sixth Annual Convention at Grand Rapids, September 16, 17, 18, and 19.

Thirty out-of-state speakers, who are recognized leaders of their specialties, over a hundred exhibits, and a sincere welcome await you at Grand Rapids.

This second largest city of Michigan has been most coöperative in caring for the crowds which annually attend this instructive and entertaining meeting. Its auditorium facilities are unsurpassed and the hotels have been most considerate of the desires and needs of the two thousand doctors of medicine who attend. The numbers of members who were disappointed by the lack of proper facilities at Detroit last year will be more than gratified by the entirely different attitude of the hotels in this year's selected city. There are several hotels in Grand Rapids comparable to those in the very large metropolitan areas. The auditorium is connected with one of the hotels and furnishes the best arrangement for exhibits which can be found in the state.

Any description of Grand Rapids would be very incomplete were one to omit mention of the many beautiful parks in and about the city. But chiefly is the city provided with wonderful facilities for golf. There are no less than eleven splendid golf courses in and around Grand Rapids. In addition to the private country clubs such as Cascade Hills, Highlands, Kent, and Blithefield there are a number of municipal and other public links.

If you have not already made your reservation for a room, do so immediately.

President's Page

Postgraduate Education in Michigan

A PHYSICIAN'S education is never done. It is the penalty of medical leadership. Since every doctor of medicine aspires to professional superiority, voluntary postgraduate study has become a stern but commonplace requisite of good practice today.

The Michigan State Medical Society, through its Postgraduate Medical Education Committee, has blazed a progressive trail in the training of Michigan's general practitioners. The high percentage of attendance at its eight extramural, as well as its resident centers, speaks well for the medical competence of doctors of medicine in this state.

In its constant efforts to improve and expand its excellent program, the state society should give favorable consideration to a concentrated program at some convenient center in the Upper Peninsula. More opportunity for continuation study in that vast area is indicated; the several hundred practitioners in the nine Upper Peninsula county medical societies are most desirous that an annual postgraduate day be inaugurated.

When this center is established, the Michigan State Medical Society will have covered the entire state with a postgraduate program superior in quality and most modern in execution.

President, Michigan State Medical Society

Michigan State Medical Society

Past Presidents 1866-1939

1866—*C. M. Stockwell, Port Huron
1867—*J. H. Jerome, Saginaw
1868—*Wm. H. DeCamp, Grand Rapids
1869—*Richard Inglis, Detroit
1870—*I. H. Bartholomew, Lansing
1871—*H. O. Hitchcock, Kalamazoo
1872—*Alonzo B. Palmer, Ann Arbor
1873—*E. W. Jenk, Detroit
1874—*R. C. Kedzie, Lansing
1875—*Wm. Brodie, Detroit
1876—*Abram Sager, Ann Arbor
1877—*Foster Pratt, Kalamazoo
1878—*Ed. Cox, Battle Creek
1879—*George K. Johnson, Grand Rapids
1880—*J. R. Thomas, Bay City
1881—*J. H. Jerome, Saginaw
1882—*Geo. W. Topping, DeWitt
1883—*A. F. Whelan, Hillsdale
1884—*Donald Maclean, Detroit
1885—*E. P. Christian, Wyandotte
1886—*Charles Shepard, Grand Rapids
1887—*T. A. McGraw, Detroit
1888—*S. S. French, Battle Creek
1889—*G. E. Frothingham, Detroit
1890—*L. W. Bliss, Saginaw
1891—*George E. Ranney, Lansing
1892—*Charles J. Lundy (died before taking office)
*Geo. V. Chamberlain, Flint, Acting President
1893—*Eugene Boise, Grand Rapids
1894—*Henry O. Walker, Detroit
1895—*Victor C. Vaughan, Ann Arbor
1896—*Hugh McColl, Lapeer
1897—*Joseph B. Griswold, Grand Rapids
1898—*Ernest L. Shurly, Detroit
1899—*A. W. Alvord, Battle Creek
1900—*P. D. Patterson, Charlotte
1901—*Leartus Connor, Detroit
1902—*A. E. Bulson, Jackson
1903—*Wm. F. Breakey, Ann Arbor
1904—*B. D. Harison, Sault Ste. Marie
1905—*David Inglis, Detroit
1906—*Charles B. Stockwell, Port Huron
1907—*Hermon Ostrander, Kalamazoo
1908—*A. F. Lawbaugh, Calumet
1909—*J. H. Carstens, Detroit
1910—*C. B. Burr, Flint
1911—*D. Emmett Welsh, Grand Rapids
1912—*Wm. H. Sawyer, Hillsdale
1913—*Guy L. Kiefer, Detroit
1914— Reuben Peterson, Ann Arbor
1915—*A. W. Hornbogen, Marquette
1916— Andrew P. Biddle, Detroit
1917— Andrew P. Biddle, Detroit
1918— Arthur M. Hume, Owosso
1919— Charles H. Baker, Bay City
1920—*Angus McLean, Detroit
1921—*Wm. J. Kay, Lapeer
1922—*W. T. Dodge, Big Rapids
1923— Guy L. Connor, Detroit
1924—*C. C. Clancy, Port Huron
1925—*Cyrenus G. Darling, Ann Arbor
1926— J. B. Jackson, Kalamazoo
1927— Herbert E. Randall, Flint
1928— Louis J. Hirschman, Detroit
1929— J. D. Brook, Grandville
1930—*Ray C. Stone, Battle Creek
1931—*Carl F. Moll, Flint
1932— J. Milton Robb, Detroit
1933— George LeFevre, Muskegon
1934—*R. R. Smith, Grand Rapids
1935— Grover C. Penberthy, Detroit
1936— Henry E. Perry, Newberry
1937— Henry Cook, Flint
1938— Henry A. Luce, Detroit
1939— Burton R. Corbus, Grand Rapids

*Deceased.

THE 76TH ANNUAL MEETING
GRAND RAPIDS — 1941

P. R. URMSTON, M.D.
Bay City
President

A. S. BRUNK, M.D.
Detroit
Chairman of The Council

O. D. STRYKER, M.D.
Fremont
Speaker of House of Delegates

OFFICIAL CALL

THE Michigan State Medical Society will convene in Annual Session in Grand Rapids, Michigan, on September 16, 17, 18, 19, 1941. The provisions of the Constitution and By-laws and the Official Program will govern the deliberations.

P. R. URMSTON, M.D.,
President

A. S. BRUNK, M.D.,
Chairman of The Council

O. D. STRYKER, M.D.,
Speaker

Attest:

L. FERNALD FOSTER, M.D.,
Secretary

L. FERNALD FOSTER, M.D.
Bay City
Secretary

WM. A. HYLAND, M.D.
Grand Rapids
Treasurer

H. R. CARSTENS, M.D.
Detroit
President-Elect

OUTLINE OF GENERAL ASSEMBLY PROGRAM

Seventy-sixth Annual Meeting, Michigan State Medical Society

Grand Rapids—September 17, 18, 19, 1941

	Wednesday, September 17	Thursday, September 18	Friday, September 19
A. M. 9:30 to 10:00	Medicine Russell L. Cecil, M.D. New York City	Obstetrics (Maternal Health) James R. McCord, M.D. Atlanta, Georgia	ON THE SEVEN SECTION PROGRAMS General Medicine A. R. Barnes, M.D. Rochester, Minn
10:00 to 10:30	Surgery Elliott C. Cutler, M.D. Boston	Medicine (Tuberculosis) Charles E. Lvght, M.D. Northfield, Minn.	Surgery Harry E. Mock, M.D. Chicago
10:30 to 11:00	VIEW EXHIBITS	VIEW EXHIBITS	Obstetrics & Gynecology Richard TeLinde, M.D. Baltimore
11:00 to 11:30	Syphilology Francis E. Senear, M.D. Chicago	Medicine V. P. Sydenstricker, M.D. Augusta, Georgia	Ophthalmology & Otolaryngology Samuel Iglauer, M.D. Cincinnati
11:30 to 12:00	Gynecology George W. Kosmak, M.D. New York City	Pediatrics James Gamble, M.D. Boston	Pediatrics Harold K. Faber, M.D. San Francisco
P. M. 12:00 to 12:30	Medicine (Mental Hygiene) Lawrence Kolb, M.D. Washington, D. C.	Obstetrics Wm. E. Caldwell, M.D. New York City	Dermatology & Syphilology S. Wm. Becker, M.D. Chicago
			Radiology, Pathology, Anesthesia Bernard H. Nichols, M.D. Cleveland
12:30 to 1:30	LUNCHEON VIEW EXHIBITS	LUNCHEON VIEW EXHIBITS	LUNCHEON VIEW EXHIBITS
1:30 to 2:00	Anesthesia Wesley Bourne, M.D. Montreal	Ophthalmology Alfred Cowan, M.D. Philadelphia	Otolaryngology D. E. Staunton Wishart, M.D. Toronto
2:00 to 2:30	Surgery (Indus. Health) A. J. Lanza, M.D. New York City	Pathology Shields Warren, M.D. Boston	Dermatology Carroll S. Wright, M.D. Philadelphia
2:30 to 3:00	VIEW EXHIBITS	VIEW EXHIBITS	VIEW EXHIBITS
3:00 to 3:30	Pediatrics Henry Poncher, M.D. Chicago	Medicine Chester S. Keefer, M.D. Boston	Pediatrics (Child Welfare) 3:00 to 3:30 Borden S. Veeder, M.D. St. Louis, Missouri
3:30 to 4:30	DISCUSSION CONFERENCES WITH GUEST ESSAYISTS	DISCUSSION CONFERENCES WITH GUEST ESSAYISTS	3:00 to 4:00 Medicine C. A. Doan, M.D Columbus 4:00 to 4:30 Surgery Owen H. Wangensteen, M.D. Minneapolis
8:30 to 10:00	President's Night Biddle Oration in Hotel Ballroom Speaker: Alphonse Schwitalla, S.J. Dancing	Smoker in Pantlind Hotel Ballroom	END OF CONVENTION

PRELIMINARY
PROGRAM of GENERAL ASSEMBLIES

WEDNESDAY MORNING
September 17, 1941

First General Assembly

Black and Silver Ballroom—Civic Auditorium

A. S. BRUNK, M.D., Presiding

L. FERNALD FOSTER, M.D., and GORDON B. MYERS, M.D., Secretaries

A. M.

9:30 "Arthritis—A Curable Disease?"

RUSSELL L. CECIL, M.D., New York City

RUSSELL L. CECIL

B.A., Princeton University, 1902; M.D. Medical College of Virginia, 1906; Sc.D., Medical College of Virginia, 1928. Entered Army in June, 1917; served as Director of Laboratories at Camp Upton, N. Y., and Camp Wheeler, Georgia; served at Army Medical School and appointed Head of Commission for Study of Pneumonia by Surgeon General, 1917 to 1919. He is now Professor of Clinical Medicine, Cornell University Medical School; Professor of Medicine, Polyclinic Medical School and Hospital; he also holds several other important appointments. Doctor Cecil has published several works on the subjects of pneumonia, arthritis and rheumatism.

The curability of arthritis varies with the type. Some of the specific forms, such as gonococcal or meningococcal arthritis, are readily curable by sulphonamide therapy. The arthritis of rheumatic fever usually yields promptly to salicylates, but unfortunately the cardiac injury persists. Subacute infectious arthritis often disappears permanently after a focus of infection has been removed. Rheumatoid arthritis is an extremely difficult disease to cure, though a certain small percentage of these patients do make a permanent and complete recovery. More often the life history of the disease is characterized by "ups and downs," which go on indefinitely, with periods of remission being followed by periods of exacerbation. Gold salts offer more promise of permanent relief in the treatment of rheumatoid arthritis than any other remedy so far described.

Osteo-arthritis is also a chronic persistent ailment which may yield readily to rest and physiotherapy, but has a strong tendency to return when the joints are overused. Gouty arthritis starts with acute attacks from which the patient recovers completely when treated promptly with colchicine. Chronic gouty arthritis does not yield so quickly to remedial agents.

Papers Will Begin and End on Time!

Believing there is nothing which makes a scientific meeting more attractive than by-the-clock promptness and regularity, all meetings will open exactly on time, all speakers will be required to begin their papers exactly on time, and to close exactly on time, in accordance with the schedule in the program. All who attend the meeting, therefore, are requested to assist in attaining this end by noting the schedule carefully and being in attendance accordingly. Any member who arrives five minutes late to hear any particular paper will miss exactly five minutes of that paper!

10:00 "Acute Appendicitis—A Twenty-five Year Study"

ELLIOTT C. CUTLER, M.D., Boston
(STANLEY O. HOERR, M.D., Boston, Associate in Study)

ELLIOTT C. CUTLER

A.B., Harvard, 1909; M.D., Harvard Medical School, 1913; Honorary Doctorate, University of Strasbourg, 1938. Served in World War as Major, Medical Corps; Lt. Colonel, Medical Corps Reserve, since 1924; decorated with Distinguished Service Medal. Chairman, Department of Surgery, and Director of Laboratory of Surgical Research, Harvard, 1922-24; Professor of Surgery, Western Reserve University School of Medicine, 1924-32; Consulting Surgeon, New England Peabody Home for Crippled Children, 1932 to present; Moseley Professor of Surgery, Harvard, 1932 to present; Surgeon-in-Chief, Peter Bent Brigham Hospital. Doctor Cutler is a member of many medical and social organizations.

The deaths from acute appendicitis occur, as is well known, in patients in whom peritonitis has already developed when they first reach the hospital. Early diagnosis and avoidance of catharsis through education both of the laity and the profession remains as important today as it was twenty-five years ago. Today, however, strict attention to the details of pre-operative and postoperative management, including fluid and electrolyte balance, use of chemotherapy, and gastro-intestinal syphonage is saving lives that would previously have been lost. Hospital morbidity in severe cases is cut down by the general use of the McBurney incision, less frequent drainage of the peritoneal cavity, and partial closure of the wound by leaving the skin open.

10:30 INTERMISSION TO VIEW THE EXHIBITS

11:00 "Serologic Aspects of Syphilis"

FRANCIS E. SENEAR, M.D., Chicago

FRANCIS E. SENEAR

B.S., University of Michigan, 1912, M.D., 1914. Professor and Head of Department of Dermatology, University of Illinois College of Medicine since 1923. Member of Serologic Evaluation Committee, U. S. Public Health Service, American Medical Association, Chicago Dermatological Society, Society of Investigative Dermatology, the American Academy of Dermatology and Syphilology, the American Dermatological Association.

The multiplicity of serodiagnostic tests for syphilis is discussed together with a review of the studies carried out on an international and national scale in an attempt to determine the best available sero-diagnostic methods. The limitations of the diagnostic tests for syphilis are discussed with a consideration of these phases in which the serologic reaction is apt to be negative in the presence of disease and with a consideration of the other disorders which are capable of giving rise to biologic false positive reactions. Methods offered to distinguish between the true syphilitic reaction and the biologic false reaction are considered and their usefulness is discussed. The significance of positive cord blood findings is discussed and the significance of changes in the strength of the reaction of the cord blood are considered. The paradoxical false positive reactions occurring in individuals with no signs of syphilis and with no other disease to account for them are of great significance and are met with sufficient frequency to make their recognition a matter of great importance to the practitioner.

11:30 "The Medical and Other Implications Which Relate to An Aging Female Population"

GEORGE W. KOSMAK, M.D., New York City

A.B., M.D., Columbia College, 1894. College of Physicians, and Surgeons, 1899. Attending Surgeon, Lying-In Hospital of New York, 1904-1926. Editor and founder, American Journal of Obstetrics and Gynecology, 1920 to date, editor of preceding publication, 1909-1919. Member, American Gynecological Society, American Association of Obstetricians and Gynecologists, Diplomate of American Board. Consultant in obstetrics to several hospitals; Federal Children's Bureau, New York State Department of Health, etc. Author of book, "Toxemias of Pregnancy" (1933), and of numerous articles in medical and lay journals on obstetric topics.

It is an acknowledged fact that the average span of life has increased from about thirty-six years in 1850 to over sixty years in 1930 and will probably reach seventy years or more in 1960. The possible causes for this will be discussed and attention called to the associated medical and social problems. Undoubtedly better economic conditions, reduced hazards to life from improved sanitation, the lessening complications of child-bearing, and increased medical knowledge have constituted important contributing factors. We are faced, however, with the question of dependence by the older upon the younger groups and by the need of a closer study of the degenerative diseases which are manifest in the aged. Society and medicine must combine to study and to solve these problems.

12:00 "The Needs and Possibilities of Research in Mental Disease"

LAWRENCE KOLB, M.D., Washington

LAWRENCE KOLB

M.D., University of Maryland, 1908. Assistant Surgeon General, U. S. Public Health Service, Washington, D. C., in charge of the Division of Mental Hygiene. Fellow, American College of Physicians, American Medical Association, and American Psychiatric Association. Member, National Committee for Mental Hygiene. American Association for the Advancement of Science, Research Council on Problems of Alcohol, Academy of Medicine of Washington, D. C., American Prison Association, Southern Medical Association, Medical Society of St. Elizabeth's Hospital, Kentucky Psychiatric Association. Trustee, William Alanson White Psychiatric Foundation.

Recent advances in medical knowledge suggest lines of approach to the study of the fundamental basis of mental disease. These studies should include biology, biochemistry, neurophysiology, pathology, endocrinology, morphology, psychology, etc., as these subjects may have a bearing on mental disease. Such studies should be supplemented by extensive field studies into the social and environmental factors. Close coöperation between the Federal and State governments and agencies in a position to carry on research is needed to reap the fullest benefit from available resources.

P. M.

12:30 End of First General Assembly

12:30 Luncheon

WEDNESDAY AFTERNOON
September 17, 1941
Second General Assembly

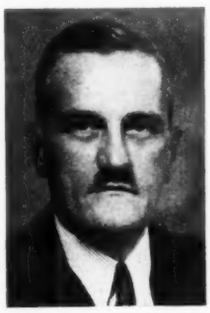
Black and Silver Ballroom—Civic Auditorium

VERNOR M. MOORE, M.D., Presiding
L. FERNALD FOSTER, M.D., and ROBERT G. LAIRD, M.D., Secretaries

P. M.

1:30 "*De Officiis* in Anesthesia"

WESLEY BOURNE, M.D., Montreal



WESLEY BOURNE

M.D., C.M., McGill University, 1911; M.Sc., McGill, 1924; F.R.C.P., Canada, 1931; D.A. (R.C.P. & S. Eng.), 1938. First Hickman Medallist, Roy. Soc. of Medicine, 1935. Lieutenant-Colonel, R.C.A.M.C. Lecturer (Anesthesia) Department of Pharmacology, McGill University. Author of many publications on anesthesia. Member of the American Society for Pharmacology and Experimental Therapeutics.

Although duties prescribed by justice are to be given precedence, and nothing ought to be more sacred, yet in the pursuit of knowledge, we should feel obliged to apply our wisdom to the service of humanity. We ought to consider ourselves bound to teach and train those who are desirous of learning. In such manner the benefits of anesthesia may be extended to those with whom we are united by the bonds of society. With increasing concerted effort, by coöperation between the laboratory worker and the clinician, anesthesia has improved, and the public is recognizing the need and importance of good anesthesia.

2:00 "Medical Service in Small Industries"

A. J. LANZA, M.D., New York City

A. J. LANZA

M.D., George Washington University Medical School, 1906. Served in the United States Public Health Service from 1907 until 1920. During part of this time was detailed as Chief Surgeon of the United States Bureau of Mines, and later, Head of the Office of Occupational Diseases in the Public Health Service. Mostly engaged in Field work doing investigations in industrial hygiene. Conducted the first studies in this country on silicosis. 1920 became Medical Director of the Hydraulic Steel Company of Cleveland. In 1921 was appointed a special Staff member of the International Health Board of the Rockefeller Foundation, and was detailed as Adviser in industrial hygiene for the Commonwealth Government of Australia. In 1926 was appointed Assistant Medical Director of the Metropolitan Life Insurance Company. At present time is a member of the Council of the American Medical Association on Industrial Health. Member of the Sub-committee on Industrial Health of the Health and Medical Committee, Federal Security Agency. Chairman of the Medical Committee of the Air Hygiene Foundation.

The great bulk of all wage earners are employed in small plants, and 97 per cent of all manufacturing plants employ fewer than 250 men. The problem of providing adequate medical and health service for American wage earners is, therefore, essentially a problem of devising a program that will fit the small

industry. While occupational diseases are a definite factor in the industrial health situation, the loss in working days is due to non-occupational hazards. The American Medical Association, State Medical Societies and other Medical Organizations, are taking cognizance of this problem, as well as official agencies, like the Public Health Service, and non-official agencies, such as the Air Hygiene Foundation. It is obvious that health and medical service in these small plants, where the majority of American workmen are employed, will be given by local physicians serving industry on a part-time basis. Here is an opportunity, and the responsibility of the medical profession. The difference between medical service in a small plant and in a large one should be a difference in quantity only, and not in quality. Then, if only a small reduction can be made in absences in industry, it will nevertheless accompany a great economic saving and be a contribution of inestimable value with the production problem that faces American industry at the present time.

2:30 INTERMISSION TO VIEW THE EXHIBITS

3:00 "Hemorrhage in the Newborn"

HENRY PONCHER, M.D., Chicago

HENRY PONCHER

M.D., University of Michigan, 1927, Associate Professor of Pediatrics, College of Medicine, University of Illinois, Attending Physician, Cook County Hospital, Physician in charge of Pediatric Service, Research and Educational Hospitals of Illinois. Licentiate of American Board of Pediatrics.

The newborn may potentially hemorrhage from a variety of causes. Practically, however, trauma alone or minimal trauma in the presence of a disturbed clotting mechanism are the ones that the practicing physician encounters most commonly in his daily work. The minimizing of the traumatic factor alone is outside the scope of this presentation. The part that disturbed coagulability of the blood plays in conditioning hemorrhage of traumatic origin or giving rise to spontaneous bleeding will be discussed. The recent work on prothrombin and vitamin K will be reviewed from the standpoint of its practical implications.

3:30 Discussion Conferences with Guest Essayists

5:00 End of Second General Assembly

———MSMS———

DISCUSSION CONFERENCES

Wednesday, September 17

Thursday, September 18

3:30 to 4:30 p. m.

WITH THE GREAT ESSAYISTS

Eleven discussion conferences with a different chairman in each subject, each day—leaders of outstanding ability in their specialty. Here the doctor will have a chance to ask those questions which have bothered him and to hear discussed and answered other questions of value to him in his daily practice.

A RARE OPPORTUNITY

THURSDAY MORNING
September 18, 1941

Fourth General Assembly

Black and Silver Ballroom—Civic Auditorium

C. E. UMPHERY, M.D., Presiding,
L. FERNALD FOSTER, M.D., and ROGER V. WALKER, M.D.,
Secretaries

A. M.

9:30 "Some Obstetric Opinions"

JAMES R. MCCORD, M.D., Atlanta

JAMES R. MCCORD

M.D., Jefferson Medical College, 1909; Professor of Obstetrics and Gynecology, Emory School of Medicine; Diplomate American Board of Obstetrics and Gynecology.

The paper is, in the main, an expression of the author's own personal philosophy of obstetrics and a brief discussion concerning the management of quite a few obstetric difficulties. Practically all of the opinions are personal and have as their background Dr. McCord's vast obstetric experience.

10:00 "Some Educational Aspects of Diagnosing Tuberculosis Early"

CHARLES E. LYGHT, M.D., Northfield, Minnesota

CHARLES E. LYGHT

M.D., C.M., Queen's University Faculty of Medicine, (Canada), 1926. Department of Student Health, University of Wisconsin, Madison, 1927-36; Director, 1932-36; Associate Professor of Clinical Medicine, University of Wisconsin Medical School. Professor of Health and Physical Education, and Director of the Student Health Service, Carleton College, Northfield, Minnesota, 1936 to date. Staff of Northfield City Hospital and Allen Memorial Infirmary. Fellow of the American College of Physicians. Member of several professional and scientific societies, including the Minnesota Trudeau Medical Society and Sigma Xi. Past President of the North Central Section, American Student Health Association, and, since 1936, Chairman of the Tuberculosis Committee, A.S.H.A. Publications, in addition to a weekly column: "Lyght on Health," have been mainly in the fields of clinical medicine, tuberculosis control and student health.

Prognosis in tuberculosis depends on a combination of factors, chief favorable one being early diagnosis. Mass search has produced startling results in driving tuberculosis from first down to seventh among death causes. Individual practitioners must not decide that modern methods work only in community surveys or are the implements of specialists. Nor must we strengthen techniques only during periodic national emergencies. Tuberculin test, x-ray, with painstaking clinical, laboratory and epidemiological follow-up of patients and contacts are available to every physician. To wait for consumptive symptoms or to rely primarily on the stethescope is to diagnose late—inexcusable in the light of common knowledge and professional obligation.

10:30 INTERMISSION TO VIEW THE EXHIBITS

11:00 "Factors in Deficiency Disease"

V. P. SYDENSTRICKER, M.D., Augusta, Ga.

M.D., Johns Hopkins, 1915. Intern and assistant resident physician, Johns Hopkins Hospital, 1915-17. Medical Corps, U. S. Army, 1917-19. Professor of Medicine, University of Georgia School of Medicine, 1923 to present.

The background of clinical avitaminoses will be discussed from the standpoint of dietary inadequacy and also of conditioning disorders in individuals taking apparently adequate diets. Various clinical patterns of deficiency diseases will be presented with particular reference to the more common but often unrecognized syndromes. The rationale of treatment of both the acute and chronic deficiency diseases will be considered, with particular emphasis on the importance of multiple vitamin therapy.

11:30 "Pathogenesis of Acidosis and Alkalosis"

JAMES L. GAMBLE, M.D., Boston

JAMES L. GAMBLE

A.B., Leland Stanford University, 1906, M.D., Harvard Medical School, 1910, S. M. (hon.) Yale University, 1930. Teaching and investigation in Department of Pediatrics, The Harvard Medical School (1915-22). Professor of Pediatrics, 1930 to date. Member American Pediatric Society, American Academy of Pediatrics, Association of American Physicians, American Society of Biological Chemists.

Stability of the reaction of extracellular fluid depends on preservation of the normal values for carbonic acid and bicarbonate. Acidosis, or alkalosis, is almost always the result of change in bicarbonate rather than carbonic acid. Change in bicarbonate is always the result of change in other parts of the electrolyte structure. Illustration of such change caused by various conditions of disease is presented. The very frequent presence of volume change (dehydration) along with change in reaction is emphasized.

P. M.

12:00 "The Physiology and Management of the First Stage of Labor"

WM. E. CALDWELL, M.D., New York City

WM. E. CALDWELL

M.D., New York University and Bellevue Hospital Medical School, 1904; Professor clinical obstetrics and gynecology and associate director Sloane Hospital, Columbia University, since 1927. Served as Captain Medical Corps, U. S. A., 1918. Fellow, American College of Surgeons; New York Obstetrical Society; American Gynecological Society; American Gynecologic Club; Sigma Xi; Nu Sigma Nu; Century Club. Contributed many professional articles to American Journal of Obstetrics and Gynecology and other journals. Received Honorary Degree as Doctor of Public Health, New York City.

We will discuss the manner in which the lower uterine segment retracts over the piston; the formation of the contraction ring and its significance; and the variable mechanism indicated in the individual pelvis. We will point out how few cases there are of absolute disproportion, but how the shape of the inlet, the mid-pelvis or even the outlet modifies both the first and second stage. The changes in the shape of the child's head by molding will be emphasized. We will discuss the value of clinical examinations in the patient, what knowledge can be obtained, by vaginal and rectal examinations, including the possibility of assisting the mechanism of labor by manipulation from below in some cases; the necessity of complete retraction of the soft parts before operative procedure can be undertaken; and the importance of recognizing early the best method of safely delivering the child.

P. M.

12:30 End of Fourth General Assembly

12:30 Luncheon

———MSMS———

THURSDAY AFTERNOON
September 18, 1941

Fifth General Assembly

Black and Silver Ballroom—Civic Auditorium

WILFRID HAUGHEY, M.D., Presiding
L. FERNALD FOSTER, M.D., and FRANK MURPHY, M.D., Secretaries

P. M.

1:30 "Some Observations on the Use of Glasses"
ALFRED COWAN, M.D., Philadelphia

ALFRED COWAN

M.D., Medico Chirurgical College, Philadelphia, 1907. At present Professor of Ophthalmic Optics, Graduate School of Medicine, University of Pennsylvania; Ophthalmologist to Philadelphia General Hospital; Supervising Opthalmologist, Department of Public Assistance, Commonwealth of Pennsylvania; Consulting Ophthalmologist, Council for the Blind, Commonwealth of Pennsylvania; Ophthalmologist to Pennsylvania Working Home for Blind Men, Philadelphia; Author of "An Introductory Course in Ophthalmic Optics" and of "Refraction of the Eye," and a number of articles on ophthalmological subjects; a member of the American Ophthalmological Society; American Academy of Ophthalmology and Otolaryngology; College of Physicians, Philadelphia, and others.

This presentation is offered with the hope that it will suggest to the general physician a simple way of describing certain physiologic optical principles to their patients—the purposes for which glasses are used, when they should be worn and when they are not worthwhile.

The normal eye is an image-forming optical instrument with a remarkable range of adaptability. Clear, comfortable vision depends primarily on a sharp image which must be formed exactly on the surface of the retina without undue effort of accommodation. In a refractive error—myopia, hypermetropia, astigmatism—the correct lens, when placed before the eye, changes the final direction of the rays of light so that on entering the eye they will be imaged on the retina. This is equivalent to placing an object at the exact position for which the eye is adapted.

A refractive error is not a disease, nor can it be produced by working under unfavorable conditions. Every person must eventually become presbyopic.

2:00 "The Response of Tumors to Radiation"

SHIELDS WARREN, M.D., Boston

SHIELDS WARREN

B.S., Boston University; M.D., Harvard Medical School, 1923; Assistant Professor of Pathology, Harvard Medical School 1936 to date; Director, Massachusetts State Tumor Diagnosis Service, 1928 to date; Pathologist to New England Deaconess Hospital, 1927 to date, C. P. Huntington Memorial Hospital, 1928 to date, New England Baptist Hospital, 1928 to date, Pondville State Hospital, 1928 to date; Chairman, Cancer Committee, Massachusetts Medical Society; Vice President, American Association for Cancer Research.

The response of tumors to radiation is based on the sensitivity of the type cell, the character of the supporting tissues, and the effect on the normal issues of the host. Depending on their response to radiation tumors may be classed as radio-sensitive, radio-responsive, and radio-resistant. Radio-resistance may be acquired following radiation therapy.

The tissue reactions for a given dose are fairly constant and characteristic regardless of minor variations in wave length. Recently irradiated tissue is very susceptible to infection.

2:30 INTERMISSION TO VIEW THE EXHIBITS

3:00 "Recent Advances in Chemotherapy of Infectious Diseases"

CHESTER S. KEEFER, M.D., Boston

CHESTER S. KEEFER

M.D., Johns Hopkins University School of Medicine, 1922; Director, Evans Memorial, Massachusetts Memorial Hospitals; Wade Professor of Medicine, Boston University School of Medicine, also Professor of Medicine, Harvard Medical School; Diplomate, American Board Internal Medicine.

The treatment of infectious diseases with the sulfonamide group has advanced remarkably in the past few years. New compounds are being developed and tested every year so that there are at least five effective agents available at present. Each one of these sulfonamide derivatives has its special field of usefulness, and will be discussed in this paper. One recent study with sulfadiazine and sulfaguanidine will be presented. In addition to the discussion of the sulfonamides, our experience in the treatment of local infections with "gramicidin," the extract of a soil bacillus, will be reviewed.

3:30 Discussion Conferences with guest essayists.

5:00 End of Fifth General Assembly

PRESIDENT'S NIGHT
(Third General Assembly)
Wednesday, September 17, 8:30 p. m.
Ballroom, Pantlind Hotel
Brief program, followed by dancing, floor-show and entertainment.

SMOKER
(Sixth General Assembly)
Thursday, September 18, 9:00 p. m.
Ballroom, Pantlind Hotel
A joyous night for members only.

PRELIMINARY
— PROGRAM of SECTIONS —
FRIDAY MORNING
September 19, 1941

SECTION ON GENERAL MEDICINE

Chairman: T. I. BAUER, M.D., Lansing
Secretary: GORDON B. MYERS, M.D., Detroit

Ballroom—Pantlind Hotel

A. M.

9:00 "The Differential Diagnosis of Abdominal Pain"

MILTON R. WEED, M.D., Detroit

9:30 "The Differentiation Between Malignant and Benign Ulcerating Lesions of the Stomach"

H. M. POLLARD, M.D., Ann Arbor
WM. C. SCOTT, M.D., Ann Arbor

10:00 "Problems in the Differential Diagnosis of Coronary Artery Disease"

A. R. BARNES, M.D., Rochester, Minnesota

A. R. BARNES

M.D., Indiana University School of Medicine, 1919; Professor of Medicine, Mayo Foundation for Medical Education and Research, University of Minnesota, and Chief of a Section in Medicine, The Mayo Clinic, Rochester, Minnesota; Diplomate, American Board of Internal Medicine.

So much has been said and written on the subject of coronary sclerosis that there is some evidence of a tendency to make the diagnosis more frequently than the facts warrant. Unfortunately, the syndrome of angina pectoris is a diagnosis that has to be made on the basis of the patient's symptoms and much skill and experience is required in arriving at the diagnosis. There is a tendency to allow the electro-cardiogram to influence this diagnosis, unduly. There are other clinical conditions, such as pericarditis, pulmonary embolism, cholecystic disease and diaphragmatic hernia, which may simulate the pain of coronary artery disease very closely. This discussion will concern itself with the essential clinical features of coronary disease and its differential diagnosis from the clinical conditions mentioned.

10:30 "Clinical Use of the Diuretics"

RICHARD H. LYONS, M.D., Eloise

11:00 "Treatment of Pyelonephritis"

MUIR CLAPPER, M.D., Detroit

11:30 "Useful Drugs in the Treatment of Asthma"

JOHN M. SHELDON, M.D., Ann Arbor

12:00 Election of Officers

SECTION ON SURGERY

Chairman: O. H. GILLETT, M.D., Grand Rapids
Secretary: ROGER V. WALKER, M.D., Detroit

Black and Silver Ballroom—Civic Auditorium

8:30 A. M.

SYMPOSIUM ON TRAUMATIC SURGERY

"Management of Skull Fractures"

HARRY E. MOCK, M.D., Chicago

HARRY E. MOCK

M.D., Rush Medical College, 1906. Associate Professor of Surgery Northwestern University Medical School; Senior Surgeon St. Lukes Hospital, Chicago; Fellow American Board of Surgery, American College of Surgeons; Chicago Surgical Society; Chicago Institute of Medicine; American Association of Surgery of Trauma, and others. Author of many surgical subjects. Exhibitor in the Scientific Exhibits of the American Medical Association from 1931 to 1938 on the subject of Skull Fractures and Craniocerebral Injuries.

Craniocerebral injuries in the United States occur to the extent of more than half a million victims a year. Approximately 65 per cent of the deaths resulting from skull fractures occur in the first twenty-four hours following the injury. The widespread distribution and the early occurence of death will always make this a problem for the general physician and surgeon. The author collected and analyzed 3,300 cases of consecutive proved skull fractures from 1929 through 1934. The mortality rate varied from 25 per cent to 49 per cent during that period. The last ten years has brought forth abundant teaching of better management. Has it reduced the mortality rate? Is there room for still further improvement? These and other questions are answered in the author's second nation-wide survey of 3,200 consecutive proved skull fractures.

"Lacerations of the Head and Face"

FERRIS N. SMITH, M.D., Grand Rapids

"Choice of Anesthesia in Emergency Surgery"

WESLEY BOURNE, M.D., Montreal

The general principles of anesthesia are not affected by the circumstances of emergency, yet the individual may frequently be most urgently in need of the best attention known to anesthesia. Whatever is done should suit the general condition as well as the surgical requirements of the case. When shock is present, there must be the greatest circumspection and the least possible interference until the circulation is improved. The relative advantages of the drugs and the methods of their administration are discussed under the groupings of regional and general anesthesia, showing the appropriate places of local infiltration, of nerve block and of spinal anesthesia, and too, those for inhalation and intravenous anesthesia.

"Early Care of Compound Fractures"

CARL E. BADGLEY, M.D., Ann Arbor

"Management of Abdominal Injuries"

OWEN H. WANGENSTEEN, M.D., Minneapolis

World War Number Two has focused attention upon the subject of trauma sharply again. Whereas the mortality of abdominal injuries in war has always been high, statistically, the incidence of abdominal injuries, as compared with the more frequent injuries of extremities and head, has not been great. World War Number One settled, once and for all, the importance of early closure of perforating wounds of the hollow abdominal viscera. Theretofore, the conservative management of bullet wounds of the intestine had been advocated by many military surgeons. Despite general acceptance of early operative treatment, the mortality still continues high, because of the serious threat to life, occasioned by spillage of intestinal content into the peritoneal cavity.

In civil practice, one of the greatest difficulties is determination of whether or not blunt trauma has ruptured a hollow viscus. Tears in solid viscera, such as liver or spleen, may be treated conservatively, if hemorrhage is not alarming. Bleeding stops frequently spontaneously. Ruptures of hollow viscera must be closed if the patient is to have a chance of survival.

"Treatment of Shock from War Injuries"

HENRY H. HARKINS, M.D., Detroit

Election of Officers

———MSMS———

SECTION ON OBSTETRICS AND GYNECOLOGY

Chairman: CLAIR E. FOLSOME, M.D., Ann Arbor
Secretary: ROBERT S. KENNEDY, M.D., Detroit

Grill Room—Pantlind Hotel

A. M.

9:30 "Facilities and Practices in Licensed Maternity Hospital and Maternity Homes in Michigan"

ALEXANDER M. CAMPBELL, M.D., Grand Rapids

9:50 "The Use and Abuse of Stilbesterol in Gynecologic Practice"

ALLAN C. BARNES, M.D., Ann Arbor

10:40 "The Dangers of Breech Delivery"

WARD F. SEELEY, M.D., Detroit
R. S. SIDDALL, M.D., Detroit

11:00 "Therapy of the Estrogens"

RICHARD W. TELINDE, M.D., Baltimore

RICHARD W. TELINDE

A.B., University of Wisconsin, 1917, M.D., Johns Hopkins University, 1920. Professor of Gynecology, Johns Hopkins University. Chief Gynecologist, Johns Hopkins Hospital. Visiting Gynecologist, Union Memorial Hospital, Church Home and Infirmary and Hospital for Women of Maryland.

Attention is called to the many abuses in endocrine therapy in general and a warning is given to use hormones only when there is a sound physiological basis for treatment. The results at the author's clinic in the treatment of certain conditions in which he has had special experience are considered. The technique of the treatment of gonococcal vaginitis with estrogenic suppositories, both natural and synthetic, is discussed. The treatment of menopausal symptoms by the natural hormones and stilbestrol is considered. Finally, a new technique for the administration of pellets of crystalline estrone for prolonged relief of menopausal symptoms is given in detail.

11:30 Election of Officers

12:00 Luncheon

SECTION ON OPHTHALMOLOGY AND OTOLARYNGOLOGY

Chairman: ROBERT H. FRASER, M.D., Battle Creek
Vice Chairman: A. S. BARR, M.D., Ann Arbor
Secretary: ROBERT G. LAIRD, M.D., Grand Rapids
Vice Secretary: ARTHUR E. HAMMOND, M.D., Detroit

OPHTHALMOLOGY

Room "F"—Civic Auditorium

A. M.

9:30 "Uveitis"

ALFRED COWAN, M.D., Philadelphia

The various parts of the uveal tract are so intimately related that hardly, if ever, is any one part affected without involvement of all or nearly all of the whole tract. More and more, since the general use of the slit lamp and corneal microscope, is this observed; so much so that specific diagnoses as iritis, cyclitis, or irido cyclitis are seldom well justified. The first evidence of any insult to the iris or ciliary body is a disturbance of the pigment. Often we see evidence of uveal change, especially disturbance of the pigment, which is hard to classify as either a noninflammatory degenerative process or a low grade, chronic uveitis. The etiologic factors in these cases are nearly always baffling. So frequently do we see such conditions that it is felt that many which are diagnosed as primary glaucoma are in reality cases of uveitis with secondary glaucoma.

10:10 Discussion—20 Minutes

10:30 "Dendritic Keratitis"

JOHN O. WETZEL, M.D., Lansing

10:50 Discussion—10 Minutes

11:00 "Management of Traumatic Injuries to the Eyelids and Globe"

GORDON L. WITTER, M.D., Port Huron

11:20 Discussion—10 Minutes

11:30 "Chemical Injuries"

MELVIN H. PIKE, M.D., Midland

11:50 Discussion—10 Minutes

12:00 "Some Uses of Chemotherapy in Ophthalmology"

PARKER HEATH, M.D., Detroit

P. M.

12:20 Discussion—10 Minutes

OTOLARYNGOLOGY

Room "G"—Civic Auditorium

A. M.

9:00 "Mistakes Made in the Diagnosis and Estimation of Deafness"

D. E. S. WISHART, M.D., Toronto, Ontario

9:30 Discussion—10 Minutes

9:40 "Acute Suppuration in the Spaces of the Neck" and Motion Picture Demonstration: "Approaches to the Surgical Spaces of the Neck."

SAMUEL IGLAUER, M.D., Cincinnati

SAMUEL IGLAUER

M.D., Ohio Medical College, 1898; F.A.C.S.; Professor of Otolaryngology, College of Medicine, University of Cincinnati; Director of Otolaryngology, Cincinnati General Hospital, Children's Hospital, and Jewish Hospital; member, American Laryngological, Rhinological, and Otological Society, American Broncho-Esophagological Assn., American Laryngological Assn., American Academy of Ophthalmology and Otolaryngology.

During recent years a great deal of exact attention has been given to deep infections in the neck. These infectious processes may localize in the lymph glands, in the "spaces" of the neck, or occasionally within the veins. The anatomic spaces contain loose distensible areolar connective tissue. The spaces are limited by tough, fibrous layers (fascia) or by muscles or viscera The spaces most commonly involved are: 1. Peripharyngeal; 2. Retropharyngeal; 3. Parapharyngeal (Pharyngo-maxillary); 4. Periesophageal (Mediastinitis); 5. Submental (Ludwig's Angina); 6. Septic thrombophlebitis (jugular) may occur as a complication.

The signs and symptoms of infection in each space will be enumerated, and the surgical approach to each space will be briefly described.

Discussion and Bibliography Question Box (by request)

11:30 "Carcinoma of the Mastoid. Case report"

HARVEY E. DOWLING, M.D., Detroit

11:50 "Treatment of Hemorrhage in Otolaryngologic Practice"

JAMES E. CROUSHORE, M.D., Detroit

P. M.

12:10 Discussion of papers by Drs. Dowling and Croushore

12:30 Section Luncheon, Pantlind Hotel
Election of Officers of Section on Ophthalmology and Otolaryngology
Short Business and Medical Economics Session.
"Problems of Distribution of Ophthalmologic Care"
RALPH PINO, M.D., Detroit

———MSMS———

SECTION ON PEDIATRICS

Chairman: HARRY A. TOWSLEY, M.D., Ann Arbor
Secretary: LEON DEVEL, M.D., Grand Rapids

Swiss Room—Pantlind Hotel

A. M.

9:00 Case Report: "Tumor of Adrenal Cortex in an Infant of Seventeen Months" Color Photography and Autopsy Findings

ROCKWELL M. KEMPTON, M.D., Saginaw
OLIVER W. LOHR, M.D., Saginaw

9:15 Panel Discussion: "Diarrhea in Infancy"

Chairman—CHARLES F. MCKHANN, M.D., Ann Arbor
Discussants—JAMES WILSON, M.D., Detroit
A. MORGAN HILL, M.D., Grand Rapids
WYMAN C. C. COLE, M.D., Detroit
MARK OSTERLIN, M.D., Traverse City
WARREN WHEELER, M.D., Lansing

11:15 "Cerebral Atrophy in Infants and Children"

HAROLD K. FABER, M.D., San Francisco

HAROLD K. FABER

A.B., Harvard College, 1906; M.D., University of Michigan, 1911. Professor of Pediatrics, Stanford University School of Medicine; Pediatrician-in-Chief, Stanford University Hospitals, San Francisco. Member: American Pediatric Society, American Academy of Pediatrics, Society for Pediatric Research, et cetera.

The causes of mental deficiency, spastic diplegia and convulsive disorders long obscure, have been clarified for a considerable percentage of cases by consideration of the effects of anoxia on the brain and by studies of the air encephalogram. Heredity is now found to play a much smaller part than had been previously supposed, and the same is true of intracranial hemorrhage at birth. It is, however, a mistake to believe that all cases date from the time of birth. Both fetal and postnatal disorders are of etiological importance. A series of cases is reviewed in which the causative factors are discussed. Some preventive suggestions are presented.

12:00 Business Meeting—Election of Officers

———MSMS———

SECTION ON DERMATOLOGY AND SYPHILOLOGY

Chairman: CLAUD BEHN, M.D., Detroit
Secretary: FRANK STILES, M.D., Lansing
Directors' Room—Civic Auditorium

A. M.

9:30 "Therapeutic Effects of Vitamin B Factors in Dermatology"

CARROLL S. WRIGHT, M.D., Philadelphia

The various factors of Vitamin B are of more than ordinary intrest to the dermatologist. Vitamin B_1 is now widely used to relieve the pain of herpes zoster and there is some evidence that it may be helpful in psoriasis. The spectacular improvement in pellagrins following the administration of nicotinic acid is now fully recognized. Riboflavin cures cheilosis, erosions around the eyes, "sharkskin" lesions of the skin over the nose and may be helpful in fissuring around the ears. It also increases the efficacy of nicotinic acid in certain pellagrins (Spies). The filtrate factor (pantothenic acid) is probably not concerned in pellagra. Interest centers in its anti-gray hair action. Vitamin B_6 (pyrodoxine hydrochloride), often called the "rat anti-dermatitis factor" is known to have a definite action in the treatment of pellagra . This study is concerned chiefly with the treatment of various types of dermatitis (or eczema) with Vitamin B_6, including studies of the urinary excretions of this Vitamin.

10:00 Discussion

10:20 "Diagnosis and Treatment of Vesicular and Vesiculo-pustular Eruptions of the Hands and Feet"

S. WILLIAM BECKER, M.D., Chicago

S. WILLIAM BECKER

B.S., 1918, M.D., 1921, University of Michigan; M.S., 1928, University of Minnesota; Assistant Professor Dermatology, University of Chicago, 1927-30, Associate Professor since 1930. Member A.M.A. and component societies; American Academy of Dermatology and Syphilogy; American Dermatological Association; and other organizations; Diplomate of American Board of Dermatology and Syphilology. Author: "Commoner Diseases of the Skin," 1935; "Ten Million Americans Have It," 1937; "Modern Dermatology and Syphilology," 1940 (with Obermayer).

Critical study has shown that vesicular fungous infection of the hands is almost unknown. Vesicular eruptions of the feet (athletes' foot) have been proven to be caused by fungi in only five to 15 per cent of children and only 30 per cent of adults. The heat of summer increases the percentage of fungous infection to 50.

Epidermal hypersensitiveness to fungous allergens may result in vesicular lesions on the hands (trichophytids), produced by allergens reaching the palms from the feet through the blood stream. Other vesicular and vesiculo-pustular eruptions of the hands (bacterids, dyshidrosis on fungous basis) cannot be proven to be allergic, since epiderman hypersensitiveness does not exist in patients with such disorders.

10:50 Discussion

11:10 "Five-Day Treatment of Early Syphilis"

LOREN W. SHAFFER, M.D., Detroit

11:40 Discussion

12:00 Election of Officers

P. M.

12:30 Luncheon at Pantlind Hotel

———MSMS———

SECTION ON RADIOLOGY, PATHOLOGY AND ANESTHESIA

Chairman: FRANK W. HARTMAN, M.D., Detroit
Secretaries: CLYDE K. HASLEY, M.D., Detroit,
FRANK J. MURPHY, M.D., Detroit
Red Room—Civic Auditorium

PANEL DISCUSSION ON "SOME PHASES OF THE CANCER PROBLEM"
9:30 A. M.

1. Diagnosis

(a) General

HENRY J. VANDENBERG, M.D., Grand Rapids
N. M. ALLEN, M.D., Detroit

(b) X-Ray

BERNARD H. NICHOLS, M.D., Cleveland

BERNARD H. NICHOLS

M.D., Starling Medical College, 1940; Practiced general medicine and roentgenology at Ravenna, Ohio, from 1904 to 1917; commissioned in Medical Corps of the U. S. Army and became instructor of Roentgenology at Cornell University, New York City. Member Base Hospital 55 as Chief of Department of Roentgenology in September 1918, directed Department of Roentgenology in France until end of war. Returned to U. S. A. and became Director of Roentgenology in the Embarkation Hospital, No. 3, New York City. Discharged from Army, September, 1920; Director of Department of Roentgenology in Cleveland Clinic from 1920 to date. President Radiological Society of North America in 1940. Co-author with Dr. William E. Lower of text book "Roentgenographic Studies of the Urinary System" has published about 100 scientific articles.

LAWRENCE REYNOLDS, M.D., Detroit

(c) Pathology

CARL V. WELLER, M.D., Ann Arbor
DONALD C. BEAVER, M.D., Detroit

2. Treatment

(a) Surgical

ROY D. MCCLURE, M.D., Detroit
FRED A. COLLER, M.D., Ann Arbor

(b) Irradiation

ROLLIN H. STEVENS, M.D., Detroit
ISADORE LAMPE, M.D., Ann Arbor

3. Registration and Follow-Up

SHIELDS WARREN, M.D., Boston
FRED J. HODGES, M.D., Ann Arbor
Traian LEUCUTIA, M.D., Detroit
A. B. MCGRAW, M.D., Detroit

Election of Officers

FRIDAY AFTERNOON
September 19, 1941

Seventh General Assembly

Black and Silver Ballroom—Civic Auditorium

HENRY R. CARSTENS, M.D., Presiding
L. FERNALD FOSTER, M.D., and LEON DE VEL, M.D., Secretaries

P. M.

1:30 "Focal Infection in the Nose and Throat—Retrospect and Forecast"

D. E. STAUNTON WISHART, M.D., Toronto, Ontario

D. E. S. WISHART

B.A., 1909, M. D., University of Toronto, 1915.

Three years' service in the field with the 10th (Irish) Division. Mediterranean Expeditionary Force — Sulva Bay, Serbia, Struma Valley and Palestine. Surgeon-in-Chief, Department of Otolaryngology, Hospital for Sick Children, Toronto, and Senior Demonstrator, Department of Otolaryngology, University of Toronto. Author of: Section on Surgery of the Ear, Lewis' System of Surgery: Relation of infection of the Ear and Infection of the Intestinal tract in Infants, Results of five years' study—Routine Hearing Tests and many other scientific articles.

2:00 "New Therapy of Common Skin Diseases"

CARROLL S. WRIGHT, M.D., Philadelphia

CARROLL S. WRIGHT

B.S., University of Michigan, 1917; M.D., University of Michigan, 1919. Instructor in Dermatology and Syphilology University of Michigan Medical School, 1920-1922; Associate Professor of Dermatology and Syphilology Graduate School of Medicine, University of Pennsylvania. Professor of Dermatology and Syphilology Temple University School of Medicine. Consultant Dermatologist to Philadelphia Municipal Hospital; Widener School for Crippled Children; Shriner's Hospital; Pennsylvania Institute for Blind; Pennsylvania Institute for the Dumb; Vineland Training School. Trustee of Research Institute of Cutaneous Medicine. Associate Editor of the "Medical World" and "The Weekly Roster and Medical Digest." Member of American Dermatological Association, Society for Investigative Dermatology, American Academy of Dermatology, Philadelphia College of Physicians, Nu Sigma Nu and Sigma Xi. Author of textbooks "Treatment of Syphilis" with Dr. Jay F. Schamberg and "Manual of Dermatology" and numerous contributions to dermatological literature.

Since the turn of the century there has been marked progress in the treatment of many of the commonly seen skin diseases. Unsightly vascular nevi with the exception of port-wine marks can be successfully treated in one of several ways. The acne of adolescence, at our time considered a necessary evil to be suffered in silence until cured by nature, is in most instances amenable to modern therapy with a resultant lessening in badly scarred faces. The fungus infections which may attack any part of the human integumnet and its appendages can in most cases be conquered. In the treatment of those skin infections due to cocci, new drugs administered both internally and externally have improved therapeutic results. Psoriasis still remains a disease of unknown etiology and must still be considered incurable, but there is evidence of some progress as regards its therapy. Skin cancer, unless woefully neglected, may be regarded as curable with present day methods of treatment. The situation with regard to the "curability" of skin diseases has changed since the day 25 or 30 years ago that a dermatologist gave as one of his reasons for selecting this specialty that "patients with skin diseases never get well." These newer therapeutic procedures in the above named dermatoses will be discussed.

2:30 INTERMISSION TO VIEW THE EXHIBITS

3:00 "Child Health in National Defense"

BORDEN S. VEEDER, M.D., St. Louis, Missouri

3:30 "The Relationship of the Reticulo-Endothelial System to Cellular and Humoral Immunity"

C. A. DOAN, M.D., Columbus, Ohio

C. A. DOAN

B.S., Hiram College; M.D., 1923 Johns Hopkins Medical School. R.H.O., Johns Hopkins Hospital, 1923; Assistant Department of Anatomy, Johns Hopkins, 1924; Assistant Department of Medicine Harvard Medical School; Assistant Physician, Boston City Hospital; Assistant Thorndike Memorial Laboratory; Associate in Medical Research, Rockefeller Institute, 1925-30. Fellow and member of numerous scientific and medical organizations. President Ohio Public Health Association, 1939 to date; Director-at-large National Tuberculosis Association. Author of more than 100 scientific articles and books on medical subjects, particularly hematology and tuberculosis.

The phagocytic cells which comprise the Reticulo-Endothelial System of the body have long been known to function physiologically as conservators of essential materials from worn out or senile blood cells. More recently, excessive pathologic sequestration of red cells, granulocytes or blood platelets in the parenchyma of the spleen, with symptom-producing destruction of these essential elements by hyperplastic splenic macrophages, has resulted in recognition of several clinical syndromes, each one of which has been effectively controlled by successful splenectomy.

Still more recently studies with "marked" dye antigens have definitely established these phagocytic elements as the most probable source of circulating specific anti-bodies. This latter evidence places on a sounder basis, the approach to the problems of humoral immunity, and demonstrates the extremely close association with cellular immunity.

4:00 "The Ulcer Problem and The Surgeon"

OWEN H. WANGENSTEEN, M.D., Minneapolis

OWEN H. WANGENSTEEN

A.B., University of Minnesota, 1919; M.D., 1922; Ph.D., (Surgery), 1925; Professor in Surgery since 1931, Director of Department and Surgeon-in-Chief since 1930. Served in World War as a private in Student Training Corps. Member of many scientific and medical organizations.

The importance of acid in the genesis of ulcer will be emphasized. Experiments performed in the Surgical Laboratory, in which ulcer has been produced in a variety of animals by stimulating the endogenous gastric secretory mechanism, will be reviewed. The choice of operative procedure in the surgical management of ulcer, which will insure effective depression of the gastric secretory mechanism, will be discussed, and the criteria of an acceptable operation defined. Technical and nutritional problems which confront the surgeon, affording his patient maximal assurances of safety, will be presented.

4:30 End of Seventh General Assembly

END OF CONVENTION

TECHNICAL EXHIBITS

Abbott Laboratories **Booth No. C-3**
North Chicago, Illinois

You are heartily invited to discuss the newer specialties with the Abbott-trained Professional Representatives in attendance. The wide assortment of products displayed in this exhibit merit your attention and study. Your questions are solicited. Description of the items shown is prohibited by space, so! COME IN AND SEE US!

The Baker Laboratories **Booth No. D-7**
Cleveland, Ohio

Baker's complete line of infant foods, indicating the newer trends in modern infant feeding, will be on display. Baker MODIFIED MILK, powder and liquid, is a completely modified milk in which the composition of the essential food elements has been so altered and adjusted as to closely approximate breast milk. MELCOSE, a completely prepared liquid milk is very economical. MELODEX, maltose and dextrin, is made especially for modifying fresh or evaporated milk.

Bard-Parker Company **Booth No. C-2**
Danbury, Connecticut

The following products will be exhibited at the Bard-Parker Booth: rib-back surgical blades, long knife handles for deep surgery, renewable edge scissors, formaldehyde germicide, and instrument containers for the rustproof disinfection of surgical instruments, transfer forceps for the aseptic transportation of instruments, hematological case for obtaining bedside blood samples, ortholator for obtaining accurate dental radiographs.

Barry Allergy Laboratory, Inc. **Booth No. B-15**
Detroit, Michigan

A duplicate of the exhibit shown at the A.M.A. in Cleveland will be brought to the Michigan State Meeting in Grand Rapids. Services and products as well as many research problems will be presented in an interesting and unique manner. Both Mr. Charles Fowler and Mr. Barry, President, will be present to welcome all visitors.

Rudolph Beaver, Inc. **Booth No. E-13**
Waltham, Massachusetts

Newly developed all-bellied DeBakey blades, which, held in any position, always present a rounded cutting edge. Also the recently developed bent Ljungberg blades for deep and special surgery, such as cholecystectomy, hysterectomy, hip, spine, cleft palate, semilunar cartilage. There are also the conventional shape blades. All blades fit every handle.

Becton, Dickinson & Co. **Booth No. C-16**
Rutherford, New Jersey

A full line of B-D Products including clinical thermometers, hypodermic syringes and needles, Ace bandages, Asepto syringes and a full line of their diagnostic instruments including the new line of low priced blood pressure instruments, will be on display. Doctors will be particularly interested in No. 5018 which comprises a portable type manometer and triple change stethoscope in handy leather pouch with slide fastener.

Bilhuber-Knoll Corporation **Booth No. B-11**
Orange, New Jersey

Your visits are welcomed. Mr. Laurel Johnson will be glad to give careful attention to questions and discussions on Dilaudid, Metrazol, Phyllicin, Theocalcin, etc. Register for a copy of the new "Note Book of Original Medicinal Chemicals." Colored charts—muscular, skeletal, circulatory, and nervous systems may be had upon request.

Ernst Bischoff Company **Booth No. E-19**
Ivoryton, Connecticut

ACTIVIN, the first American produced shockless foreign protein for nonspecific therapy. ANAYODIN is an effective, non-toxic amebicide. It attacks the amebas which have penetrated the tissues. DIATUSSIN, the original drop-dose cough remedy with a thirty-five year record of efficacy. LOBELIN-Bischoff, a direct stimulant to the respiratory center. The resuscitant indicated in all forms of respiratory failure or depression. STYPTYSATE, a vegetable hemostatic, with extremely high vitamin K activity, indicated for the control of all seeping hemorrhages.

The Borden Company **Booth No. F-1**
New York City

Visit the Borden exhibit to see infant foods of unsurpassed quality. Biolac, the distinctive new **liquid** infant food, affords convenience, economy, and optimal nutrition. Beta Lactos is **nature's** carbohydrate in an improved, readily soluble form. Dryco provides **formula flexibility** for every feeding problem. Also Klim, Merrell-Soule products, and Irradiated Evaporated Milk. Mr. H. H. Baker and Mr. A. D. Farrell will be in charge of the exhibit.

Burroughs Wellcome & Co. (USA) Inc.
New York City **Booths No. B-4 and B-5**

A representative group of fine chemicals and pharmaceutical preparations, together with new and important therapeutic agents of special interest to the medical profession, will be presented.

Cameron Surgical Specialty Company **Booth No. B-8**
Chicago, Illinois

See the new Cameron-Schindler Flexible Gastroscope, the Color-Flash Clinical Camera, the Projectoray, the Mirrorlite and latest developments in electrically lighted diagnostic and operating instruments for all parts of the body. You will also be interested in our radio frequency knives and coagulators.

S. H. Camp and Company **Booth No. C-18**
Jackson, Michigan

A life sized reproduction of the Camp Transparent Woman will be displayed as the central theme of a typical service department equipped to serve patients with the various supports prescribed by physicians. A complete line of merchandise for prenatal, postnatal orthopedic, visceroptosis, sacro-iliac, hernia and other specific conditions will be shown. Experts from the Camp staff will be in attendance to answer questions.

Ciba Pharmaceutical Products **Booth No. D-6**
Summit, New Jersey

Physicians are cordially invited to visit the Ciba Booth where they will find the well known line of CIBA specialties on display.
Mr. Frank H. Pratt will be at the booth and will be glad to discuss these products and supply interesting new information regarding many of them.

Coca-Cola Company **Booth No. A-7**
Atlanta, Georgia

Coca-Cola will be served to the physicians with the compliments of the Coca-Cola Company.

Cottrell-Clarke, Inc. **Booth No. F-9**
Detroit, Michigan

Mostly in the east, are some half dozen specializing printers engaged in supplying medical men with records and stationery; still nowhere is there an organization to compare with the personal attainments of Michigan's own COTTRELL-CLARKE, INC. (locally and popularly known as "the physicians' stationery folks") in developing varied types and sizes of folders and other ideas, all designed for facilitating neater and better record keeping. By all means see Cottrell-Clarke's exhibit this year.

The Cream of Wheat Corporation **Booth No. D-16**
Minneapolis, Minnesota

The 5-minute "CREAM OF WHEAT" will be on exhibit. This improved cereal is completely cooked in 5 minutes and has been fortified with additional vitamin B_1 (wheat germ and thiamin), iron, calcium, and phosphorus.

Cutter Laboratories **Booth No. E-4**
Chicago, Illinois

Cutter Laboratories will display their latest transfusion equipment, including the Saftivalve Transfusion Outfit and prepared human serum and plasma.

Davis & Geck, Inc. **Booth No. A-4½**
Brooklyn, New York

"This One Thing We Do"

Davis & Geck, Inc. will display its complete line of sterile sutures including . . . fine gauge (0000 and 00000) catgut . . . a comprehensive group of sutures armed with swaged-on atraumatic needles and designed for specific surgical procedures . . . Dermalon skin and tension sutures (processed from nylon) which, because of marked physical advantages and economy, are rapidly replacing silkworm gut and other nonabsorbable materials.
A further feature of this exhibit will be a motion picture theater in which a diversified program of surgical films, in full color, will be presented daily.

R. B. Davis Sales Company **Booth No. E-21**
Hoboken, New Jersey

You are invited to enjoy a drink of delicious Cocomalt at Booth No. E-21. Cocamalt is refreshing, nourishing and of the highest quality. It is fortified with vitamins A, B_1 and D; calcium and phosphorus to aid in the development of strong bones and sound teeth; iron for blood; protein for strength and muscle; carbohydrate for energy.

DePuy Manufacturing Company **Booth No. E-16**
Warsaw, Indiana

You are invited to visit our exhibit where many new fracture appliances and bone instruments will be on display. Mr. Charles F. Klingel will be in charge and will be glad to answer any of your questions.

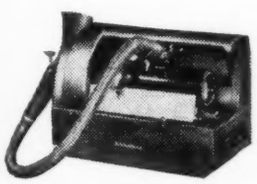
Detroit Creamery Company **Booth No. F-3**
Detroit, Michigan

Sealtest stands for quality milk, cream and ice cream. The red and white tradename is an assurance to the consumer of pure, wholesome dairy products produced in modern, sanitary plants operating under strict laboratory control.

Detroit X-Ray Sales Co. **Booth No. A-4**
Detroit, Michigan

The Detroit X-Ray Sales Company again takes pleasure in presenting important advances in shockproof x-ray equipment, designed in the "Mattern manner."
We feel that a visit to our booth will interest those contemplating the purchase of x-ray equipment. A cordial welcome is extended. Messrs. Hanks, McAlpine and Robinson, also Mr. R. J. Carseth, the Mattern factory representative, will be in attendance.

Dictaphone Corporation **Booth No. B-13**
Detroit, Michigan



You are cordially invited to inspect the new Dictaphone models and to learn how this modern dictating machine is serving physicians throughout the country. Make the Dictaphone Booth your headquarters.
The Dictaphone displays will be in charge of H. E. Trapp, Grand Rapids Manager, assisted by members of his staff.

The Dietene Company **Booth No. B-7**
Minneapolis, Minnesota

The Dietene Company cordially invites all members of the Michigan State Medical Society and their guests to visit our booth.
Our representatives will be looking forward to the opportunity of presenting our group of special purpose foods.

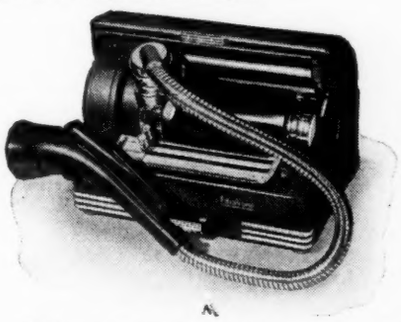
Doho Chemical Corporation **Booth No. E-8**
New York City

The Auralgan Exhibit consists of a model of the human auricle four feet high together with a series of twenty-four three dimensional ear drums, modeled under the supervision of outstanding otologists. Each of these drums depicts a different pathologic condition based upon actual case observation and prepared, in so far as possible, with strict scientific accuracy so as to be highly instructive and interesting to all physicians.

Duke Laboratories, Inc. **Booth No. C-4**
Stamford, Connecticut

The Duke Laboratories, Inc., will demonstrate the original, American-made, stretchable, adhesive surfaced bandage, Elastoplast, which is used whenever compression and support are required. Samples of Mediplast and Elastoplast Occlusive dressing, now being so widely used in plants on Defense work, will be available. Ask for samples of the prescriber's cosmetics—Nivea and Basis Soap—too.

The Ediphone Company **Booth No. E-5**
Grand Rapids, Michigan



THE EDIPHONE COMPANY extends a cordial invitation to all physicians to visit the display of EDIPHONE equipment. See the new Miracle Model Edison Voice Writer, also new Streamline Cabinet designs, manufactured by Edison, who invented and perfected sound recording. We welcome opportunity to demonstrate and discuss its application in the medical profession.

H. G. Fischer & Co. **Booth No. B-16**
Chicago, Illinois

To every visitor at the Michigan State Medical Society we give this special invitation: Look under the hood of the new FISCHER models of apparatus shown! FISCHER shockproof x-ray apparatus, short wave units, ultra-violet and other generators are built to stand the very hardest day-by-day usage. Demand to be shown the real under-the-hood facts about FISCHER Models.

C. B. Fleet Company **Booth No. E-14**
Lynchburg, Virginia

Phosphe-Soda (Fleet) is a highly concentrated and purified, aqueous solution of sodium phosphates. It is nontoxic, rapid but mild in action without irritation of the gastric or intestinal mucosa. It is indicated for hepatic dysfunction and for its thorough eliminating and cleansing action on the upper and lower gut.

General Electric X-Ray Corp. **Booth No. A-5**
Detroit, Michigan

We cordially invite the physicians and their families who attend this meeting to make use of the lounge facilities provided at our booth for their comfort. We particularly look forward to a visit from users of our equipment and a cordial invitation is extended to all physicians who may have technical problems to discuss with our staff in attendance.

Gerber Products Company **Booth No. E-12**
Fremont, Michigan

The complete line of Gerber Baby Foods will be on display. There are two precooked dry cereals, one a wheat, the other an oatmeal cereal. Of the canned foods, there are both strained and Junior or chopped foods. Booklets available for distribution to mothers or patients on special diets as well as professional literature will be sent to registrants, for examination.

Hack Shoe Company **Booth No. A-2**
Detroit, Michigan

Twenty-five years of evolution in health shoe construction will be exemplified in the Hack Shoe Company exhibit.
This pioneer prescription shoe organization will also display a series of roentgenographs demonstrating how the foot bones lie in correctly and incorrectly fitting shoes.
HACK-O-PEDIC clubfoot and surgical shoes and TRI-BANLANCE shoes for men, women and children complete the exhibit.

Hanovia Chemical & Mfg. Company **Booth No. C-17**
Newark, New Jersey

The very latest in ultra-violet equipment will be demonstrated, including the outstanding uses of ultra-violet radiation in the fields of science, medicine and public health. Don't fail to see our new line of self-lighting ultra-violet high-pressure mercury arc lamps. Short and ultra short wave apparatus, Sollux Radiant Heat Lamps and our latest development, quartz ultra-violet lamps for air sanitation.

J. F. Hartz Company **Booths No. E-6 and E-7**
Detroit, Michigan

All physicians are invited to visit the booth of the J. F. Hartz Company—the progressive medical supply firm of Detroit who are nationally known.
An interesting display of instruments, equipment, and pharmaceuticals may be seen.
This firm has recently added another floor to care for the expanding business of its manufactured pharmaceuticals which are made under strict laboratory control, and in compliance with the regulations of the Federal Food and Drug Department.

H. J. Heinz Company **Booth No. E-18**
Pittsburgh, Pennsylvania

The makers of Heinz Strained and Junior Foods appreciate the confidence which the members of the Michigan State Medical Society have expressed in their recommendation of these foods for infant feeding and special diets. F. B. Heard and H. A. Elenbaas are at your service and will welcome members and friends at the exhibit.

Holland-Rantos Company, Inc. **Booth No. F-11**
New York City

The latest developments in the field of medically prescribed contraceptives will be featured at the booth of the Holland-Rantos Company. Rantex masks and Rantex caps for operating room will be of unusual interest to surgeons who are looking for something comfortable yet efficient in this line.

The G. A. Ingram Co. **Booths No. D-21 and D-22**
Detroit, Michigan

The G. A. Ingram Company extends an invitation to all visitors at the Michigan State Medical Convention to make their booth their headquarters and, especially, to investigate their new line of diagnostic instruments and their complete line of genuine Swedish stainless steel instruments. They will also show the latest in electrical equipment.

Jones Metabolism Equipment Company **Booth No. D-5**
Chicago, Illinois

Interview our representative, William Niedelson, about the development of the first waterless basal through 20 years by the addition of many scientific devices to assure accuracy, operative simplicity and guarantee the purchaser a lifetime of use without repair expense.

"The 'Junket' Folks" **Booth No. B-3**
Chr. Hansen's Laboratory
Little Falls, New York

"THE 'JUNKET' FOLKS" will serve rennet-custards made with either "Junket" Rennet Powder or "Junket" Rennet Tablets. There is also a display of "Junket" Brand Food Products. Enlarged photographs show how the rennet enzyme in rennet-custards transforms milk into softer, finer curds. Rennet-custards are widely recommended for infants, children, convalescents, postoperative cases and as a delicious, healthful dessert for the whole family. Fully informed attendants on duty.

Kalak Water Company **Booth No. E-17**
New York City

Visit the **KALAK WATER** booth and ask the representative how KALAK WATER may be employed to minimize the discomforts that so frequently follow the administration of the Sulfonamides. Ask the representative to serve you with a glass of KALAK WATER and learn for yourself how delicious and refreshing KALAK WATER really is when it is properly served.

Lea & Febiger **Booth No. D-14**
Philadelphia, Pennsylvania

Lea & Febiger will exhibit Portis' Digestive Diseases, Kraines' Psychoses, Ballenger's Manual, Rowe's Elimination Diets, Lewin's The Foot and Ankle, Rony's Obesity and Leanness and new editions of Holmes and Ruggles' Roentgenology, Joslin's Diabetes and Manual, Comroe's Arthritis, Bridges' Dietetics, Spaeth's Ophthalmology and Kessler's Accidental Injuries.

Lederle Laboratories **Booth No. E-22**
New York City

You are cordially invited to visit the Lederle Exhibit which will feature colored slides on the refining of Antitoxins. These slides were taken from a new motion picture film on this subject.
They will exhibit the many specialties for which they are noted and the latest releases in Sulfonamide drugs. Literature on the various Sulfonamides will be available.

Libby, McNeill & Libby **Booth No. B-17**
Chicago, Illinois

You are cordially invited to visit Libby, McNeill & Libby's exhibit where attendants will point out the merits of Homogenized Baby Foods, Chopped Foods and Evaporated Milk. Libby's special method of Homogenization makes Libby's Baby Foods extra smooth, extra easy to digest.

Liebel-Flarsheim Company **Booth No. C-7**
Cincinnati, Ohio

Liebel-Flarsheim Company will exhibit the well-known L-F Short Wave Generators as well as the famous Bovie Electro-Surgical Units and other new and interesting electro-medical apparatus.
A cordial invitation is extended to visit The Liebel-Flarsheim booth to inspect this outstanding equipment and have it demonstrated to you.

Eli Lilly and Company **Booth No. C-1**
Indianapolis, Indiana

Eli Lilly and Company will demonstrate the germicidal efficacy of "Merthiolate" (Sodium Ethyl Mercuri Thiosalicylate, Lilly) and the compatibility of the antiseptic with body cells and fluids. Other new and useful products will be featured.

J. B. Lippincott Company **Booth No. E-11**
Philadelphia, Pennsylvania

New Lippincott books of interest to every physician are Grollman's "Essentials of Endocrinology," Tobias' "Essentials of Dermatology," Haden and Thomas' "Allergy in Clinical Practice" and Youmans' "Nutritional Deficiencies." Leaman's "Management of the Cardiac Patient," today's sales leader, will be displayed, as will Thorek's three-volume "Modern Surgical Technic."

The McKesson Appliance Company **Booth No. D-20**
Toledo, Ohio

The McKesson Appliance Co. will exhibit a complete line of scientific equipment involving the uses of anesthetic gases and oxygen therapy. Both waterless and water spirometer type basal metabolism units will be shown. Practical demonstrations will be made on the new direct reading electrocardiograph.

M & R Dietetic Laboratories, Inc. **Booth No. C-11**
Columbus, Ohio

Similac, a completely modified milk especially prepared for infants deprived either partially or entirely of breast milk, will be featured. Mr. David O. Cox and Mr. L. A. MacDonald will appreciate the opportunity to discuss the merits of Similac and its suggested application for both the normal and special feeding cases.

Mead Johnson & Company **Booths No. C-21 and C-22**
Evansville, Indiana

"Servamus Fidem" means We Are Keeping the Faith. Almost every physician thinks of Mead Johnson & Company as the maker of Dextri-Mal-

tose, Pablum, Oleum Percomorphum and other infant diet materials. But not all physicians are aware of the many helpful services this progressive company offers physicians. A visit to Booths C-21 and C-22 will be time well spent.

Medical Arts Surgical Supply Company
Grand Rapids, Michigan Booths No. C-5, C-6 and B-14

The Medical Arts Surgical Supply Company of the best city will show the exclusive line of Liebel Flarsheim short wave generators, the latest items in the beautiful Ritter ear, nose and throat equipment, and a complete suite of the Hamilton Nu Tone furniture along with the latest in autoclave and sterilized units. An invitation is extended to all doctors to call at these booths.

Medical Case History Bureau **Booth No. D-9**
New York City

Simplifying the Doctor's History Record and Bookkeeping System with the INFO-DEX RECORD CONTROL SYSTEM.
Maintenance of accurate, informative data on both history and financial records is essential in the modern doctor's practice. The INFO-DEX Record Control System helps to keep a constant finger on the physical and financial pulse of the patient. This system correlates information almost automatically for instant reference and research work. Its method of cross-indexing interesting cases according to the disease is unique and exclusive.

The Medical Protective Company **Booth No. D-8**
Fort Wayne, Indiana

The Medical Protective Company invites you to visit its booth. Medical Protective Service is an institution of the Medical profession whose legal liability problems we have concentrated upon for 42 years. Bring your professional liability questions and problems to us.

Mellin's Food Company **Booth No. E-15**
Boston, Massachusetts

Physicians are cordially invited to call and to place before our repesentatives all questions regarding the composition of Mellin's Food and its usefulness in infant and adult feeding. It is suggested that constipation in infancy and the preparation of nourishment for adult patients who are far below normal as a result of prolonged illness or faulty diet are particularly interesting topics for discussion.

The Mennen Company **Booth No. A-1**
Newark, New Jersey

The Mennen Company will exhibit their two baby products—Antiseptic Oil and Antiseptic Borated Powder. The Antiseptic Oil is now being used routinely by more than 90 per cent of the hospitals that are important in maternity work. Be sure to register at the Mennen exhibit and receive your kit containing demonstration sizes of their shaving and after-shave products; also, for the lucky number prize drawing to be held at the close of the Convention for DeLuxe Fitted Leather Toilet Kits.

The Wm. S. Merrell Company **Booth No. B-2**
Cincinnati Ohio

The Merrell exhibit will feature Oravax, the oral catarrhal vaccine in enteric coated tablets for protection against the common cold; as well as other new prescription specialties of timely interest. Merrell representatives will be at the booth ready to show these products and answer any question.

Michigan Medical Service **Booth No. A-6**
Michigan Hospital Service
Detroit, Michigan

Complete information about the Medical Service and Surgical Benefit Plans of Michigan Medical Service will be available in this featured exhibit of the results of operation of the doctors' prepaid group medical service program.
There will also be an interesting display of the working of the companion hospital service plan of Michigan Hospital Service.

The C. V. Mosby Company **Booth No. D-3**
St. Louis, Missouri

Physicians and surgeons interested in the new developments in medicine and surgery are cordially invited to inspect the new publications which will be on display at the Mosby Booth. Outstanding new volumes on surgery, dermatology, pediatrics, gynecology, heart diseases, X-Ray, and practice of medicine will be shown.

National Live Stock and Meat Board **Booth No. B-12**
Chicago, Illinois

The exhibit of the National Live Stock and Meat Board will portray Meat as a source of the essential food elements, protein, fats, carbohydrates, calcium, phosphorus, iron, copper and six vitamins with special emphasis on the factors of the vitamin B complex.

Nestle's Milk Products, Inc. **Booth No. D-19**
New York City

The Nestle's Milk Products, Inc., exhibit will feature Lactogen which has given successful results in infant feeding for more than 15 years. Mr. J. B. Gibbs will be in charge of the exhibit.

Parke, Davis & Company
Deroit, Michigan Booths Nos. C-12, C-13 and C-14

Featured in the Parke-Davis exhibit will be the sex hormones, theelin and theelol; antisyphilitic agents, such as mapharsen and Thio-Bismol; posterior lobe preparations, including pituitrin, pitocin and pitressin; and various adrenalin chloride preparations.

Pelton & Crane Company **Booth No. D-4**
Detroit, Michigan

The Pelton & Crane Company will exhibit its complete line of office sterilizers, autoclaves and operating lights; also, fountain cuspidors and other specialty items. The exhibit will be in charge of Mr. C. K. Vaughan, who looks forward to the pleasure of renewing old acquaintances.

Pet Milk Sales Corporation **Booths Nos. C-9 and C-10**
St. Louis, Missouri

An actual working model of a milk condensing plant in miniature will be exhibited by the Pet Milk Company. This exhibit offers an opportunity to obtain information about the production of Irradiated Pet Milk and its uses in infant feeding and general dietary practice. Miniature Pet Milk cans will be given to each physician who visits the Pet Milk Booth.

Petrolagar Laboratories, Inc. **Booth No. D-2**
Chicago, Illinois

Petrolagar Laboratories, Inc. offer, in addition to samples of the Five Types of Petrolagar, an interesting selection of descriptive literature and anatomical charts. Ask the Petrolagar representatives to show you the HABIT TIME booklet. It is a welcome aid for teaching bowel regularity to your patients.

Philip Morris & Company **Booth No. E-1**
New York City

Philip Morris & Company will demonstrate the method by which it was found that Philip Morris cigarettes, in which diethylene glycol is used as the hygroscopic agent, are less irritating than other cigarettes. Their representative will be happy to discuss researches on this subject, and problems on the physiological effects of smoking.

Picker X-Ray Corporation **Booth No. B-10**
New York City

Visitors to the Picker X-Ray Corporation's booth will have an opportunity of seeing the well-known Picker-Waite "Century." This diagnostic unit provides for radiography and fluoroscopy in all positions from the vertical to the Trendelenburg—either hand or motor operated. Also on display will be a fine example of a combination portable and mobile shockproof x-ray unit. This apparatus is suitable for general office use or portable work in the pa-

tient's home. A number of newly developed x-ray accessories and diagnostic opaque chemicals will be exhibited.

Professional Management **Booth No. F-2**
Battle Creek, Michigan

Bring your professional and business problems for Free Consultation Service with any of the Professional Management staff. Henry C. Black and Allison E. Skaggs, Battle Creek; Wendell A. Persons, Saginaw; Willis B. Mallory, Detroit; and Morris C. Flanders, Grand Rapids, will all be available to members of the Michigan State Medical Society.

Riedel-de Haen, Inc. **Booth No. B-6**
New York City

The Riedel-de Haen exhibit will feature two chemically pure bile acids: Decholin, the true choleretic, and Degalol, the fat emulsifier. Physicians are invited to register for abstracts of clinical reports on these products. Attending representatives will appreciate the opportunity to discuss the latest developments in the therapeutic application of chemically pure bile acids.

S.M.A. Corporation **Booth No. D-1**
Chicago, Illinois

Among the technical exhibits at the convention this year is an interesting new display, which represents the selection of infant feeding and vitamin products of the S.M.A. Corporation. Physicians who visit this exhibit may obtain complete information, as well as samples, of S-M-A Powder and the special milk preparations—Protein S-M-A (Acidulated), Alerdex and Hypo-Allergic Milk.

Sandoz Chemical Works, Inc. **Booth No. D-15**
New York City

This exhibit will stress Council-accepted products: Gynergen (ergotamine tartrate) for migraine and uterine hemostatis; Digilanid, the crystallized initial glycosides of Digitalis lanata, standardized gravimetrically and biologically; Scillaren and Scillaren-B, pure cardiodiuretic squill principles, and Dandoptal, an effective hypnotic. Also the original gluconate preparations of calcium (Calglucon) for oral and parenteral therapy.

W. B. Saunders Company **Booth No. B-1**
Philadelphia, Pennsylvania

Of particular interest are such new books as Ladd & Gross' "Abdominal Surgery in Infancy and Childhood," Kilmer & Tuft's "Clinical Immunology, Biotherapy and Chemotherapy," Steinbrocker's "Arthritis," Johnstone's "Occupational Diseases," Graybiel & White's "Electrocardiography in Practice," Krusen's "Physical Medicine," Novak's "Obstetrical and Gynecological Pathology," Walters & Snell's "The Gallbladder and Its Diseases," the 1941 Mayo Clinic Volume, Griffith & Mitchell's "Pediatrics," and a number of other important new books and new editions.

Schering Corporation **Booth No. E-2**
Bloomfield, New Jersey

The Schering exhibit includes real and striking recent advances such as SULAMYD, highly effective sulfacetimide of considerably lower toxicity; **orally** active sex hormones, ORETON-M, PROGYNON-DH and PRANONE tablets; efficient BARAVIT for bulk laxative therapy; and the new physiological antacid, LUDOZAN tablets, forming a true protective gel in your patient's stomach.

Scientific Sugars Company **Booth No. C-15**
Columbus, Indiana

Scientific Sugars Company will display Cartose, Hidex, and the Kinney line of nutritional products. Physicians are cordially invited to stop. Well informed representatives will be in attendance.

Sharp & Dohme **Booth No. D-12**
Philadelphia, Pennsylvania

Sharp & Dohme will show their new modern display this year, featuring "Delvinal" Sodium, "Lyovac" Normal Human Plasma, "Lyovac" Bee Venom Solution, and other "Lyovac" biologicals. There will also be on display a group of new biological and pharmaceutical specialties prepared by this house, such as "Propadrine" Hydrochloride products, "Rabellon," "Padrophyll," "Riona," "Depropanex" and "Ribothiron." Capable well-informed representatives will be on hand to welcome all visitors and furnish information on Sharp & Dohme products.

Smith, Kline & French Laboratories **Booth No. E-10**
Philadelphia, Pennsylvania

This year, Smith, Kline & French Laboratories begins its second century of service to the medical profession. The members of the Michigan State Medical Society are cordially invited to visit this exhibit and discuss the products displayed. These will include benzedrine inhaler, benzedrine sulfate tablets, benzedrine solution, and pentnucleotide.

Frederick Stearns & Company
Detroit, Michigan **Booths No. D-10 and D-11**

Doctors are cordially invited to visit our attractive convention booths, to view and discuss outstanding contributions to medical science developed in the Scientific Laboratories of Frederick Stearns & Company.
Our professional representatives will be pleased to supply all possible information on the use of such outstanding products as Neo-Synephrin Hydrochloride for intranasal use, Mucilose for bulk and lubrication, Ferrous Gluconate, Potassium Gluconate, Gastric Mucin, Susto, Trimax, Appella Apple Powder, Nebulator with Nebulin A, and our complete line of vitamin products, together with liver extract U.S.P., oral and subcutaneous for the treatment of pernicious anemia as well as other products will be readily available.

E. R. Squibb & Sons **Booth No. D-13**
New York City

A number of new and interesting chemotherapeutic specialties, vitamin, glandular and biological products will be featured in the Squibb Exhibit. Well informed Squibb Representatives will be on hand to welcome you and to furnish any information desired on the products displayed.

U. S. Standard Products Company **Booth No. C-20**
Woodworth, Wisconsin

MAGSORBAL will be on display by the U. S. Standard Products Company at the State Medical Meeting in Grand Rapids. Have our representative tell you about the merits of this product. Other items of great interest will be on display.

Wall Chemicals Corporation **Booth No. E-3**
Detroit, Michigan

Wall Chemicals Corporation, a division of the Liquid Carbonic Corporation, will have on display a quantity of compressed gas anesthetics and resuscitants. There will also be a complete line of oxygen therapy equipment including the "Walco" oxygen humidifier, for the nasal administration of oxygen, and the "Walco" oxygen face mask.

Westinghouse X-Ray Co., Inc. **Booth No. C-19**
Detroit, Michigan

The Westinghouse X-Ray Division will display the most recent development of compact x-ray equipment. Considering the size, there is greater power than heretofore. The recently publicized bactericidal "Sterilamp" and "Thin Window Lamp" will be available for examination. The "Scialytic," standard of surgical lighting will be shown in the latest models.

White Laboratories, Inc. **Booth No. E-9**
Newark, New Jersey

White Laboratories, Inc., will present White's Cod Liver Oil Concentrate Liquid, Tablet and Capsule (and White's Thiamin Chloride Tablet)—all Council-accepted.
The practical advantages provided by cod liver oil concentrate as an economical and convenient measure of vitamins A and B prophylaxis and therapy will be discussed. Pertinent information concerning our newer knowledge of the vitamins and vitamin deficiency states will be offered for consideration.

Winthrop Chemical Company, Inc. **Booth No. C-8**
New York City

A cordial invitation is extended to every member of the Michigan State Medical Society to visit Booth No. C-8 where representatives will gladly discuss the latest preparations made available by this firm. You will receive valuable booklets dealing with anesthetics, analgesics, antirachitics, antispasmodics, antisyphilitics, diagnostics, diuretics, hypnotics, sedatives and vasodilators.

John Wyeth & Brother, Inc. **Booth No. A-3**
Philadelphia, Pennsylvania

You are cordially invited to visit the John Wyeth and Brother exhibit where the following pharmaceutical specialties will be on display:

Amphojel, Wyeth's Alumina Gel, for the control of hyperacidity and peptic ulcer. Wyeth's Hydrated Alumina Tablets, for the convenient control of hyperacidity. Kagomagma, Wyeth's magma of alumina and kaolin, for the control of diarrhea. B-Plex, Wyeth's Vitamin B Complex Elixir. A-B-M-C Ointment, the rubefacient, counter-irritant, for the relief of arthritic pain. Bepron, Wyeth's Beef Liver with iron. Bewon Elixir, Wyeth's palatable appetite stimulant.

Zimmer Manufacturing Company **Booth No. E-20**
Warsaw, Indiana

A complete line of fracture equipment will be on display. Your factory representative, Mr. Fisher, will be pleased to see you, and demonstrate any item. Of special interest—a sterilizable bone plate and screw container which should be seen, the new S-M-O Bone Plates and Screws, a screw driver that is different, and the Luck Bone Saw complete with all attachments.

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HOUSE OF DELEGATES, 1941 REFERENCE COMMITTEES

Credentials Committee

Luther W. Day, M.D., **Chairman**
C. W. Oakes, M.D.
V. Vandeventer, M.D.
P. W. Kniskern, M.D.

On Officers' Reports—Parlor B, Pantlind Hotel

H. F. Dibble, M.D., **Chairman**
G. H. Yeo, M.D.
Carl F. Snapp, M.D.
C. A. Dickinson, M.D.
M. G. Becker, M.D.

On Reports of the Council—Room 122, Pantlind Hotel

E. D. Spalding, M.D., **Chairman**
Don V. Hargrave, M.D.
Frank E. Reeder, M.D.
E. N. D'Alcorn, M.D.
A. T. Hafford, M.D.
Wm. D. Barrett, M.D.

On Reports of Standing Committees—Room 124, Pantlind Hotel

Dean W. Myers, M.D., **Chairman**
Harvey Hansen, M.D.
Douglas Donald, M.D.
J. M. Robb, M.D.
Henry Cook, M.D.
Don W. Thorup, M.D.
Merle Wood, M.D.
A. E. Stickley, M.D.
C. E. Toshach, M.D.

On Reports of Special Committees—Room 126, Pantlind Hotel

Geo. H. Southwick, M.D., **Chairman**
Geo. J. Curry, M.D.
Irving Greene, M.D.
C. T. Ekelund, M.D.
Ellery Oakes, M.D.
C. F. De Vries, M.D.

On Amendments to Constitution and By-Laws—Room 127, Pantlind Hotel

E. W. Foss, M.D., **Chairman**
A. E. Catherwood, M.D.
C. L. Hess, M.D.
W. R. Young, M.D.
W. F. Strong, M.D

On Resolutions—Room 128, Pantlind Hotel

W. B. Cooksey, M.D., **Chairman**
L. G. Christian, M.D.
S. L. Loupee, M.D.
W. H. Alexander, M.D.
A. V. Wenger, M.D.

Reference Committee Reports are to be submitted to the House of Delegates in triplicate.

■ COMMITTEE REPORTS ■

SUMMARY OF PROCEEDINGS OF HOUSE OF DELEGATES, 1940

The seventy-fifth annual meeting of the House of Delegates of the Michigan State Medical Society was held at Detroit, September 24, 1940.

The House of Delegates:

1. Accepted and adopted with thanks the reports of the President (872*), President-Elect (872); The Council (872), Delegates to the AMA (872), Legislative Committee (872), Public Relations Committee (873), Representatives to Joint Committee on Health Education (873), Cancer Committee (873), Postgraduate Medical Education Committee (873), Ethics Committee (873), Preventive Medicine Committee (873), Heart and Degenerative Diseases Committee (874), Industrial Health Committee (874), Syphilis Control Committee (873), Tuberculosis Control (873), Mental Hygiene Committee (874), Child Welfare (including Iodized Salt) Committee (874), Maternal Health Committee (873), Committee on Distribution of Medical Care (884), Radio Committee (876), Scientific Work Committee (876), Conference Committee on Prelicensure Medical Education (877), Medical-Legal Committee (873), Advisory Committee on Nurses Training Schools (876), and Membership Committee (876).

2. Referred to the 1941 session of the House of Delegates the following proposed amendments to the Constitution and By-Laws of the M.S.M.S.:

(a) Constitution: Article IV, Section 3, re making past-presidents ex-officio members of House of Delegates, without power to vote, (877).

(b) Constitution: Article IX, Section 4, re finances (877). Reference Committee recommended that this proposed amendment be rejected.

(c) Constitution: New Article XII and renumber present Article XII to No. XIII, re definitions of "sessions and meetings" (880).

(d) By-laws: Chapter 10, Section 1, re Amendments (880).

3. Elected the following to Emeritus Membership (881): Drs. W. J. O'Reilly, Saginaw; Donald K. MacQueen, Laurium; George Bates, Kingston; Leslie A. Howe, Breckenridge; James H. Sanderson, Detroit; and Frank P. Bohn, Newberry.

To Retired Membership: Drs. C. S. Sackett, Charlotte; E. M. Cooper, Rockwood; Mark S. Knapp, Lake Fenton; C. S. Sutherland, Clarkston; James W. Wallace, Saline; James F. Breakey, Ann Arbor; W. E. Wilson, and T. W. Hammond, Grand Rapids.

To Associate Membership: Mr. John R. Mannix, Detroit.

To Honorary Membership (Posthumous): Stuart Pritchard, M.D.

4. Presented scroll to Philip A. Riley, M.D., for his services to the Michigan medical profession (863).

5 Amended Constitution:

(a) Article III, Sections 1, 2, 3, 4, and 8; Added two new sections, all with regard to membership classification (878-879).

(b) Article IV, Section 3, re membership of Society officers in House of Delegates (878).

(c) Article III, Sections 1 and 2, re Junior Members.

6. Approved Resolutions concerning:

(a) Public Relations (872)

(b) Genito-Infectious Disease Program (883)

(c) Change in name of O.M.C.O.R.O. Society to "Medical Society of North Central Counties" (882)

(d) Beaumont Bridge (882)

(e) New Gavel to Speaker (881)

7. Disposed of other Resolutions as follows:

(a) Proposed Amendment to Afflicted Children's Act

was referred to the M.S.M.S. Legislative Committee.

(b) Maternal Health Resolution was not adopted.

(c) General Practitioners in Hospitals Resolution was referred to the M.S.M.S. Committee on Distribution of Medical Care.

8. Referred to The Council the matter of the unsatisfactory convention accomodations at the 1940 meeting.

9. Elected:

(a) C. E. Umphrey, M.D., Detroit, Councilor of 1st District (887)
(b) Philip A. Riley, M.D., Jackson, Councilor of 2nd District (884)
(c) Wilfrid Haughey, M.D., Battle Creek, Councilor of 3rd District (885)
(d) Otto O. Beck, M.D., Birmingham, Councilor of 15th District (885)
(e) A. S. Brunk, M.D., Detroit, Councilor of 16th District (885)
(f) Henry A. Luce, M.D., Detroit, Delegate to A.M.A. (885)
(g) T. K. Gruber, M.D., Eloise, Delegate to A.M.A. (885)
(h) Frank E. Reeder, M.D., Flint, Delegate to A.M.A. (886)
(i) C. R. Keyport, M.D., Grayling, Delegate to A.M.A. (886)
(j) Carl F. Snapp, M.D., Grand Rapids, Alternate Delegate to A.M.A. (886)
(k) C. S. Gorsline, M.D., Battle Creek, Alternate Delegate to A.M.A. (886)
(l) R. H. Denham, M.D., Grand Rapids, Alternate Delegate to A.M.A. (886)
(m) Henry R. Carstens, M.D., Detroit, President-Elect (886)
(n) O. D. Stryker, M.D., Fremont, Speaker, House of Delegates (886)
(o) James J. O'Meara, M.D., Jackson, Vice Speaker, House of Delegates (887)

10. Thanked Wayne County Medical Society, et al., for contributing to success of meeting. (887)

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PROPOSED AMENDMENTS TO CONSTITUTION AND BY-LAWS OF MICHIGAN STATE MEDICAL SOCIETY

The following amendments were presented at the 1940 Convention and according to the Constitution were referred to the 1941 Session of the House of Delegates for final consideration:

Constitution

1. Amend Article IV, Section 3 to read as follows: "The officers of this Society, Past Presidents, and Members of The Council shall be ex-officio members of the House of Delegates without power to vote."

Comment: This amendment adds the past presidents of the Michigan State Medical Society to the ex-officio members of the House of Delegates.

2. Amend Constitution, Article IX, Section 4, to read as follows: "The Secretary shall collect all annual dues and all monies owing to the Society, depositing them in an approved depository and disbursed by him upon order of The Council, or invested by him in United States Government bonds with approval of The Council."

Comment: The Reference Committee, in 1940, recommended that this proposed amendment re finances be rejected.

3. Amend Article XII, Section 1 to read as follows: "The House of Delegates may amend any article of this constitution by a two-thirds vote of the Delegates seated at any annual session, provided that such amendment shall have been presented in open meeting at the previous annual session, and that it shall have been published at least once during the year in the Journal of the Society, or sent officially to each component society at least two months before the meeting at which final action is to be taken."

Comment: This amendment changes the word "present" to "seated." See next amendment re "Sessions and Meetings."

4. Amend Constitution by adding a new article to be known as Article XII:

"SESSIONS AND MEETINGS

"Section 1. A session shall mean all meetings at any one call.

"Section 2. A meeting shall mean each separate convention at any one session."

Comment: This new Article is for the purpose of clarifying what is meant by the terms "sessions and meetings."

5. Amend the Constitution by renumbering old Article XII to "XIII."

By-Laws

6. Amend By-Laws, Chapter 10, Section 1, to read as follows: "These By-Laws may be amended by a majority vote of the delegates present, after the proposed amendment is laid on the table for one meeting. These By-Laws become effective immediately upon adoption."

Comment: This amendment consists of substituting the word "meeting" for the word "session" to bring the By-Laws in conformity with the Constitution upon the adoption of above proposed amendments, thereto.

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ANNUAL REPORT OF THE COUNCIL, M.S.M.S., 1940-41

Since the 1940 House of Delegates adjourned, The Council has convened four times (up to September 16, 1941) and the Executive Committee ten times, a total of fourteen meetings. As in past years, all the business of the Society, including matters studied and recommendations made by the twenty-two committees of the M.S.M.S., were routinely referred to The Council or its Executive Committee for consideration, approval, and action.

Membership

Members in good standing as of July 31 and as of December 31, for the years 1935 to 1941, inclusive, are indicated in the following chart:

	1941	1940	1939	1938	1937	1936	1935
July 31	4,403	4,401	4,255	3,958	3,757	3,457	3,410
December 31		4,527	4,425	4,205	3,963	3,725	3,653

The scientific and sociologic progress of the M.S.M.S. is best indicated by the unusual increase in membership made during the last six years.

Finances

The society closed its books for the last fiscal year on December 24, 1940. An audit by Ernst & Ernst was published in THE JOURNAL in February. Reference to this report will disclose the sound financial condition of the Society.

The 1941 budget was drawn by the Finance Committee of the Council at the annual meeting in January. This was studied by the entire Council and after thorough discussion was adopted. The policy behind the budget was to place a ceiling on invested funds and to return to the membership the largest service possible.

The plan of keeping invested funds in high grade bonds is being continued. The listed price of these securities are studied at the meetings of the Council and its Executive Committee and occasional changes are made when necessary. Since the close of the fiscal year funds in substantial amounts have been invested in U. S. Government Bonds.

Comparison of expenditures to budgetary allotments is made periodically by the Executive Committee of

The Council and the budget is followed rather strictly unless altered circumstances demand changes. In general, the expenses are being kept well within the budget.

The Journal

The Publication Committee believes a free copy of THE JOURNAL should be sent to each hospital in the state which has interns or resident physicians, this to be done as an educational matter to promote interest in Medical Society Memberships and the activities of organized medicine.

The Publication Committee believes that the Society should make some real investment in THE JOURNAL. It believes in the increased earnings of THE JOURNAL but feels that it should also render an increased service by making more publication space available for original articles and by the publication of various society activities. These provisions would increase the size and usefulness of THE JOURNAL.

While keeping the cost of THE JOURNAL within the previous budget further enhancements to the appearance and value of THE JOURNAL have been made during the past year.

The quality of the scientific papers has been uniformly good, and continuous effort is being made to keep them from being too verbose and to have them well illustrated. Only papers which are of interest to the practicing physician are accepted. No papers are accepted from non-members unless they have been delivered before meetings held in this state. Abstracts of all papers published are sent to the other state medical journals in order to provide the widest possible dissemination of the products of our members. These have been well received.

No opportunity has been spared to make THE JOURNAL a more beautiful and attractive magazine. The use of green tinted paper, a new cover design, provision of new departments, and the frequent use of cuts and cartoons have been utilized. The advertising has been kept on the same high standard of previous years.

The editorial policy has been determined but has avoided compromising the State Medical Society.

Considerable space is used for publicizing and coordinating the activities of the various committees. The activities of the Michigan State Medical Society and every important decision or action by its officers is explained in THE JOURNAL. The answer to practically every question asked regarding the state society and its activities can be answered from THE JOURNAL pages.

Important action and expressions from other state societies are also found on its pages.

County Societies

Interest by our county societies in scientific and civic matters is gratifying. The activity of local legislative key-men materially eased the task of our Legislative Committee during the past session at Lansing.

The program of the postgraduate education continues to be well accepted, but in view of the excellence of the subject matter and the rapid dissemination of advanced scientific knowledge by means of these lectures, an attempt should be made to increase attendance. To this end it is suggested that county society secretaries actively coöperate with their councilors just preceding and during each fall and spring term of the program.

The M.S.M.S. Secretary's Letter was sent periodically to county society presidents and secretaries and four times during the year to all members.

Michigan Medical Service

The progress of Michigan Medical Service in the past year will be reported only in brief, as a detailed report will be presented to the membership of the corporation (which includes all members of the House of Delegates).

The ready acceptance of the plan by our citizens has resulted in the rather rapid growth of Michigan Medical Service. On December 31, 1940, there was a total of 117,550 individuals enrolled in the various plans. On July 1, 1941, there was a total of 184,258 individuals availing themselves of the benefits of Michigan Medical Service.

The Board of Directors and its Executive Committee have met at frequent intervals during the past year and have devoted a good deal of time to the supervision of the affairs of the corporation. It is believed that the benefits to the many individuals subscribing to one of the plans have resulted in a substantial betterment of their health. The physicians of the state have also found it satisfactory in that the patients were able to avail themselves of necessary medical services when they were needed, without the prospect of a large bill to be paid.

At the meeting of the A.M.A. House of Delegates in Cleveland in June, 1941, resolutions were adopted recommending medical societies to experiment with the principles of prepaid medical care and making a definite provision for studies and the setting up of uniform standards under the direction of the Bureau of Medical Economics of the A.M.A.

In view of the general interests of the profession throughout the United States and the steps that have been taken by many state and county societies in starting similar plans (many have visited the offices of Michigan Medical Service to seek information and advice) it is believed that this step is one of real importance.

Organization

Two new councilors were elected by the 1940 House of Delegates: C. E. Umphrey, M.D., Detroit, First District, succeeding Henry R. Carstens, M.D., who was chosen as President-elect of the State Society; and Philip A. Riley, M.D., Jackson, Second District, to succeed J. Earl McIntyre, M.D., whose term expired.

From October, 1940, through January, 1941, fourteen District Meetings were held throughout the state covering all Councilor Districts and all county medical societies. Good organization in the eighty-three counties has been maintained, and the county societies seem to be appreciative of the State Society's efforts to assist them with their problems.

The Secretaries' Conferences of September 25, 1940, on the occasion of the Annual Meeting in Detroit, and on January 19, 1941, in Lansing, were well attended, and aided in imparting information and enthusiasm to the officers of our component societies.

Committees

The volume of work done by the State Society during 1940-41 is best indicated by the annual reports of the M.SM.S. Committees. The Council is grateful to all committee chairmen and members for outstanding services performed in behalf of the 4,527 members of the State Society.

Scientific Work. The extraordinarily fine program arranged for the 76th Annual Meeting of the Michigan State Medical Society is best evidence of the praiseworthy activity of the Committee on Scientific Work. The inauguration of Discussion Conferences, following the General Assemblies of Wednesday and Thursday, will give opportunity to our Michigan men to discuss their cases and findings with guest-essayists.

Legislative. This was a legislative year, and the Legislative Committee's work was the most important sustained activity of the State Society in 1941. A total of 51 bills of interest to the practitioner of medicine had to be watched and guided by your Legislative Committee whose report is worthy of considera-

tion by every Michigan practitioner. Eighteen weekly legislative bulletins and three special letters, sent to some 350 keymen throughout the State, kept the profession informed on legislative activity. The Society's position of leadership in medical matters demands an ever-increasing interest in state affairs, reaching an apex in the legislative session every second year. Continuous contracts with, and appreciation of the legislator's co-operation is indicated. A recommendation on this subject follows.

All other State Society committees functioned well during the past twelve months, as indicated by their individual reports published in the Handbook for Delegates.

Thanks are again extended to all committee chairmen and members, without whose work the State Society would not have made the progress it has.

Contacts with Governmental Agencies

Contacts with agencies of government, both Federal and State, continue to be a major, if not the most important function of the Michigan State Medical Society.

Preparedness: Medical Preparedness assumed a position of high importance during the past year. The State Society created its Medical Preparedness Committee and recommended the formation of similar committees by county medical societies with the result that fifty-five county preparedness committees now exist, covering all of the eighty-three counties of the state.

During the past twelve months, the State Society's Preparedness Committee was instrumental in stimulating returns of the A.M.A. Medical Preparedness questionnaire so that eighty-three per cent of the Michigan physicians executed this informational document.

A postgraduate course in military medicine was approved as a function of the M.S.M.S. Postgraduate Committee during the year.

The remission of dues of doctors of medicine on active military duty, away from home, was ordered by The Council, upon authority of the House of Delegates; seventy-six Michigan physicians were accorded this remission, as of July 1, 1941.

One thousand eight hundred fourteen (1,814) doctors of medicine on Local, Medical Advisory, and Appeal Boards, are now contributing thousands of hours, *without compensation,* to the federal government as a patriotic duty. The Society appreciates this sacrifice of time, effort and expense, and expresses its gratitude to those who are thus so effectively serving their country.

The depletion of physicians in certain areas of Michigan is a problem which has been invited to the attention of The Council several times since January 1; in each instance the coöperation of the A.M.A. Medical Preparedness Committee has been sought and proper presentation of the case made to the Sixth Corps Area, U. S. Army. Deferments, in order to obtain substitutes, have been granted in a number of instances. This matter presents a problem to a state like Michigan, with its cut-over areas and uneven distribution of population. The mistakes of 1917-18, in depleting some communities of medical service, should not be repeated in the present emergency.

The Council has surveyed reports listing the reasons why draftees have been rejected by the Selective Service and have concluded, along with others in various parts of the country making similar surveys, that the reason was not non-availability of medical care. A plan of rehabilitation of rejected draftees is indicated, and should receive the serious consideration of the House of Delegates. A recommendation on this subject follows.

N.Y.A. Health Examination Program: A health examination of all N.Y.A. trainees, proposed by the National Youth Administration last December, was approved by The Council and put into execution throughout the state. All trainees requiring remedial work have been referred to their family physician for this necessary care.

Afflicted-Crippled Child: The administration of these laws, and the need for better legislation, was discussed at every meeting of The Council and its Executive Committee last winter, leading to the drafting of a bill, in coöperation with seven other interested agencies. The introduction and exciting legislative history of this proposal is detailed in the Annual Report of the Legislative Committee. Unfortunately, certain influences in the state caused this model bill's defeat so that the profession must work, for the present, under the 1937 Crippled Child and the 1939 Afflicted Child Laws.

Effective July 1, the 1937 Schedule of Benefits for medical care of afflicted and crippled children will be in operation, with the following limitation made by the Michigan Crippled Children Commission:

"The fee schedule in operation for medical and surgical care of afflicted adults in any particular county shall be the fee schedule for the care of children hereunder in that county when such fees do not exceed the State rate."

County medical societies having special local arrangements whereby medical welfare, including afflicted adult care, is given *at less than cost price,* should give immediate study to definite plans for the early revision of inadequate schedules. A recommendation on this subject follows.

County Welfare Contracts: Several progressive county societies developed or renewed county welfare contracts for medical care of indigents, using the per-capita plan. Other county societies are urged to study their county welfare set-ups, and to inform their county welfare officials concerning the advantages of the per-capita plan. Action is indicated in view of the study of medical welfare programs and facilities on which the State Social Welfare Commission is now embarking.

Medical Practice Act: Amendments to this 1899 law, to make the Board de jurie instead of de facto as well as to solve the problem of licensure of midwives, is urged on the Michigan State Board of Registration in Medicine. Changes recommended by this department of State will find a more favorable reception by the Legislature than if offered by a voluntary non-governmental agency.

State Department of Health: Very cordial relations continue to exist with the State Department of Health. Joint sessions of county society secretaries and public health officers were maintained, in Lansing on January 19, 1941 and in the northern part of the state on July 16, 1941. The educational work of the field representatives in Cancer, Maternal Health, Child Welfare and Pediatrics, was continued during the past year through the coöperative arrangement with the State Health Commissioner. The State Health Department's inspector continued his untiring work in the elimination of illegal practice of medicine, for which he and the Department are highly commended.

Contacts with Non-Governmental Agencies

The State Society continued to strengthen its friendship with other groups interested in the distribution of medical service to the public, during 1940-41. These included the Michigan Public Health Association, the Michigan State Grange, the American Legion, the Forty & Eight, Veterans of Foreign Wars, the Children's Fund of Michigan, the Michigan Society for Crippled Children, the Michigan Hospital Association, the Michigan Welfare League, the W. K. Kellogg Foundation, Michigan Hospital Service, the American Mutual Alliance and the Association of Casualty and Surety Executives.

Michigan Hospitals and Medical Payments Plan: The two organizations last named coöperated in the de-

velopment of a program so that voluntary agreements providing for liens in accident cases for physicans' services was put into effect on March 1, 1941. This program called "Michigan Hospitals and Medical Payments Plan" more definitely assures physicians of payment for their services to those individuals who are injured in accidents, and who, because of their injuries, are indemnified by an insurance carrier. The plan was published in the February, 1941 M.S.M.S. Journal The Council feels that this agreement is one of the major accomplishments of the past year.

The Michigan High School Athletic Association inaugurated during the past year its "Athletic Accident Benefit Plan," to aid high school athletes receive the minimum of medical or dental attendance in case of serious injury during practice or play. Ten thousand boys (no girls) are enrolled under this plan. Only physicians' and dentists' bills are paid. A circular explaining the Athletic Accident Benefit Plan was sent to the officers of all county medical societies last February.

The desirability of Doctors of Medicine serving as physicians to high-school teams is stressed, as the contact with students, their parents, and the faculty is mutually advantageous—a point which has not been overlooked by ambitious cultists through the State!

Miscellaneous Business

Intangibles Tax: The question of the liability of a physician for the payment of that portion of the State Intangibles Tax relating to Accounts Receivable, which are based on *personal service,* was considered by The Council during the past year. A legal opinion on this subject was obtained by the State Society and published in the August issue of THE JOURNAL.

A.M.A. Delegates: Several matters, for presentation to the A.M.A. House of Delegates, were discussed by The Council with Michigan's delegates to the A.M.A.; (a) Specialty Board Resolution adopted by the M.S.M.S. House of Delegates in 1940. This was referred by the A.M.A. House of Delegates to its Board of Trustees for such action as the Board may care to take. (b) Resolution re Hospital Privileges for General Practitioners. This was re-referred by the A.M.A. House of Delegates to the Michigan State Medical Society for further consideration and revision. (c) Medical Examination of Draftees. This resolution, urging consideration of reimbursement for physicians, was disapproved by the A.M.A. House of Delegates. (d) A.M.A. Trial. Suggestion that the A.M.A. officers carry this case to the court of last resort was approved by the A.M.A. House of Delegates.

Beaumont Memorial: The project of purchasing the house on Mackinac Island made famous by Doctor Beaumont's experiments is resting at the present time in the hope that the price for the property may drop to a point where the Beaumont Memorial Committee feels it may attempt to finance it. If the property can be purchased, the Committee feels it should be presented to the State of Michigan to be cared for by it, inasmuch as the Committee has unofficial assurance that the State Mackinac Island Commission would be glad to receive it and care for the property permanently.

Progress

Renewal of M.S.M.S. Charter for thirty years: Due to a legal technicality, the Michigan Corporations and Securities Commission ruled that the renewal of the M.S.M.S. Charter for another thirty year period must be approved by the members of the State Society, through resolutions passed by all county medical societies. These resolutions have been secured, and a recommendation on the subject of renewing the charter follows.

Election of AMA Delegates: The flaw in the election of four Delegates to the AMA one year, and the election of only one Delegate to the AMA the next year, by the M.S.M.S. House of Delegates, together with the annual confusion over the election of Alternate Delegates, was considered by The Council which suggested to the Speaker that he appoint a committee of the House to work out this matter, for presentation in September, 1941. A recommendation on this subject follows.

The Michigan State Medical Society with its component county societies is the *only* organization in this state which exists to protect the physician and his livelihood. During the past five years it has been able to achieve results satisfactory to the forty-five hundred and twenty-seven members of the Society. Eternal vigilance and *professional unity* are vital necessities to our continued enjoyment of freedom.

Unity in the profession means that each individual doctor must help his medical organization by allegiance and support, both financial and by deed. This support is vital to the organization which in turn is necessary to its physician-members and to the people whom they serve.

Recommendations

1. That favorable consideration be given to a resolution expressing appreciation and gratitude to members of the Michigan Legislature and to the Governor for their courteous reception extended representatives of the medical profession, and the thoughtful consideration they gave to medical and health measures coming before them.

2. That the State Society develop, or join in the development of, some plan of rehabilitation of rejected draftees, in which the physician-patient relationship and free choice of doctor is maintained.

3. That county societies having arrangements whereby medical welfare (including afflicted adult) care is given at less than cost price, be urged immediately to study and revise their schedules of benefits so that individual members are not penalized by being forced to perform services at a financial loss.

4. That approval be given by the House of Delegates of the resolutions of the State's fifty-five county medical societies recommending renewal of the Charter of the Michigan State Medical Society.

5. That the recommendation of the special committee appointed to study the problem of election of delegates and alternate delegates to the AMA, be favorably considered.

Respectfully submitted,

A. S. BRUNK, M.D., *Chairman*
H. H. CUMMINGS, M.D., *Vice Chairman*
WILFRID HAUGHEY, M.D., *Chairman Publication Committee*
VERNOR M. MOORE, M.D., *Chairman Finance Committee*
E. F. SLADEK, M.D., *Chairman County Societies Committee*
C. E. UMPHREY, M.D.
P. A. RILEY, M.D.
R. J. HUBBELL, M.D.
RAY S. MORRISH, M.D.
T. E. DEGURSE, M.D.
W. E. BARSTOW, M.D.
R. C. PERKINS, M.D.
R. H. HOLMES, M.D.
A. H. MILLER, M.D.
W. H. HURON, M.D.
O. O. BECK, M.D.
O. D. STRYKER, M.D., *Speaker, House of Delegates*
P. R. URMSTON, M.D., *President*
H. R. CARSTENS, M.D., *President-Elect*
L. FERNALD FOSTER, M.D., *Secretary*

ANNUAL REPORT OF THE M.S.M.S. DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION, 1941

Your delegates to the American Medical Association respectfully submit the following report of the 92nd Annual Meeting of the American Medical Association held in Cleveland, Ohio, June 2 to 6 inclusive:

The House of Delegates of the American Medical Association is composed of representatives of the component state and territorial societies on the basis of membership; one representative each from the respective sections of the Scientific Assembly; one delegate from the Army; one from the Navy; one from the Public Health Service; one from Hawaii, Canal Zone, Porto Rico and Philippines.

The total registration of Doctors of Medicine attending the Session was 7,269. This was 1200 above the attendance in the same city in 1934. By sections, the three highest registrations were in the following order: Practice of Medicine, first, with 2,440 registrants; Surgery, General and Abdominal, second, with 1,147; Obstetrics and Gynecology, third, with 432. There is a total of 16 sections. The recently created Section on Anesthesiology had 127 registrations, while an older section, Pharmacology and Therapeutics, had only 55.

Your attention is called to this tabulation in the interest of the General Practitioner. Those who oppose the establishment of a section for the General Practitioner can well ponder the grounds for objections. If the general practitioners cannot reach third place in registration next year, it will be because they are not aware of their privileges.

Each year sees relatively few changes in the personnel of the House. Death takes a few, many of whom are sorely missed for their cool judgment and insight. During the past year the legislative and administrative section of the AMA suffered great losses in the death of Austin A. Hayden, former Treasurer and Trustee; Charles E. Humiston of Illinois, former President of the Illinois State Society and a member of the Council on Medical Education and Hospitals, 1930-37; Fred Moore of Iowa, a member of the House from 1931 to 1940 and a member of the Council on Medical Education and Hospitals, 1934—died April 8, 1941; Charles B. Reed of Illinois, member of the House from 1933-40; Howard L. Snyder of Kansas, member 1936-40; Charles J. Whalen of Illinois, member of the House from 1920-40.

These men have been closely identified with the activities of the House of Delegates and the delegates from Michigan learned to love and admire them. We wish again to join in the sentiment expressed in a quotation by Dr. Shoulders, Speaker of the House:

> "When a star is quenched on high,
> For ages will its light
> Still travel downward from the sky,
> Shine on our mortal sight.
> So, when a good man dies,
> For years beyond our ken
> The light he leaves behind him lies,
> Upon the path of men."

The House usually has three sessions—Monday, Tuesday and Thursday respectively. Monday is given over to organization, unfinished business and the introduction of new business. Tuesday is occupied with the reports of the Reference Committees, the introduction of further new business and a so-called Executive Session. The Executive Session rarely, if ever, develops anything that could not be considered in a regular session, but the members seem to derive much satisfaction from the air of expectancy and anticipation that prevails.

The first business in the House of Delegates is the election of some Doctor of Medicine to receive the Distinguished Service Award. The Committee on Distinguished Service Awards submits not more than five names to the Board of Trustees. In accordance with Chap. VI, Section 5 of the By-laws, the Board of Trustees selects three out of the five to be nominated to the House of Delegates. For the year of 1941, the House of Delegates elected Dr. James Ewing of New York City.

Following this election the opening speeches by the Speaker of the House, Dr. H. H. Shoulders of Nashville, Tennessee, President Van Etten and President-elect Lahey were made. The Speaker of the House was later commended for his zeal, both in spirit and performance, which makes it possible that the actions of the House reflect an atmosphere in which deliberate judgment and unregimented conclusions prevail. The Speaker stressed the idealism of our profession and referred to the first section of The Principals of Medical Ethics which states that our profession has for its prime object the service it can render to humanity. The Speaker catalogued a few familiar qualities which must continue to characterize our membership: integrity, courage, wisdom, tolerance, ability, and vision. He intimated that if medicine falls from its high estate as a profession to that of a trade it will not be by judicial decree but through a neglect of the eternal values that have made our profession one for which we are proud to live and in which we are content to die.

President Van Etten touched pointedly on a number of matters of great interest to our entire profession. He emphasized the value of Postgraduate Education and the necessity of the physician of today to think in terms of our changing social picture. He also reaffirmed the recommendation of the Association that a national department of health be created under director of cabinet rank. The outstanding contributions of now Past President Van Etten to organized medicine and to the science of medicine will be more fully appreciated as time goes on. His sincerity, his tolerance, his advocacy of safe principles for the guidance of the profession and the establishment of equitable procedures for the distribution of medical care to the underprivileged should ever be remembered as a guide for safe and righteous conduct.

President-elect Lahey stressed that more attention be given to the physical welfare of the association's officers, especially that of the occupant of the Presidency. He also recommended the advisability of keeping young men coming into the House of Delegates. He further referred to the necessity of subordinating all trivialities in the interest of national unity and national preparedness and re-emphasized the unswerving loyalty of the profession to the nation's welfare.

Your delegates were instructed by the House of Delegates of the Michigan State Medical Society in September of 1940 to introduce certain resolutions. The one requesting an appointment of a committee to confer with Specialty Boards regarding the apparent injustice that arises from the requirement of governmental agencies for specialty board certification for performance of many medical services paid for by government funds was introduced by Dr. Christian and referred to the Reference Committee on Miscellaneous Business. This committee reported adversely and recommended that MSMS's resolution be referred to the Board of Trustees for its information and such action as the Trustees may care to take. The House approved the Reference Committee's recommendation.

The Resolution on Hospital Privileges for General Practitioners as developed from the extract of minutes of the Committee on the Distribution of Medical Care at its meeting of May 7, 1941 and later accepted by the Executive Committee and given to the delegates to the AMA to present at the Cleveland meeting, was presented

to the House of Delegates by Dr. Keyport and referred to the Reference Committee on Miscellaneous Business. The phraseology of the preamble was provocative of discussion and the Reference Committee recommended that the resolution be returned to the Michigan State Medical Society for further consideration and revision. This recommendation the House approved.

A resolution referred to the delegates by the Executive Committee of the Michigan State Medical Society as a result of a resolution adopted by the Committee on Distribution of Medical Care recommending pay for the medical examinations of selectees was introduced by Dr. Gruber along with a similar resolution from the State of New York. This was referred to the Reference Committee on Military Preparedness and was disapproved. The House approved the disapproval.

In addition, your delegates have the right to introduce other resolutions which in their judgment have merit, and accordingly, at the request of the Section on General Practice of the Wayne County Medical Society, a resolution was introduced by Dr. Luce requesting the creation of a section on general practice. This was referred to the Reference Committee on Sections and Section Work. The following is quoted from their report: "Resolution requesting the Creation of a Section on General Practice: Careful consideration was given to the question of establishing a new 'section for the general practitioner'. This was felt by the Council on Scientific Assembly to be undesirable. Your reference committee discussed the matter in connection with the resolution presented by Dr. Luce and submits to this House its belief that an experimental "session" in The Section on Miscellaneous Topics be established for the purpose of testing out the plan at the next session of the Association. If successful in point of attendance and interest, the question of establishing a permanent section can then be given further consideration.

Your reference committee feels that the general practitioner constitutes such an important and numerous factor in the membership of this Association that his requests should be given due consideration.

If the House reacts favorably to our suggestion, the officers appointed to conduct the "session" must be selected with a view to presenting a program that will meet the requirements of the situation."

The report of the Reference Committee was approved by the House of Delegates. The officers of this Experimental Section will be appointed by the Council on Scientific Assembly. A number of doctors from Buffalo and Western New York together with representatives from Wayne County presented arguments before the Reference Committee in favor of the adoption of this resolution. Subsequently about twenty of these interested doctors met and expressed as their wish that Dr. Arch Walls of Detroit act as Chairman of this Section and that Dr. Raymond Fillinger of Buffalo act as Secretary.

A resolution on Eligibility of Women Physicians and Surgeons for Medical Reserve Corps of the Army and Navy was introduced into the House by Dr. Emily D. Barringer of New York and referred to Reference Committee on Military Preparedness. (Dr. Emily D. Barringer is the only woman delegate in the House.) This resolution was sympathetically received but disapproved.

A change was made in the Amendments to the By-laws so that Chapter XV, Section 1—Item 7, instead of reading Section on Pharmacology and Therapeutics be amended to read Section on Experimental Medicine and Therapeutics.

Regarding the indictment and trial of A.M.A. et al., the Board of Trustees recommended to the House of Delegates that counsel for the American Medical Association be requested and directed to appeal the judgment based on the verdict of guilty against the American Medical Association in the case of United States v. American Medical Association et al., District Court of the United States for the District of Columbia, number 63221. This recommendation was unanimously adopted by the House of Delegates without one dissenting vote.

A change in the Constitution was proposed which must lie over for consideration at the Annual Session of the House in 1942. The change proposes to increase the number of trustees from nine to eleven.

Dr. Fred W. Rankin of Lexington, Ky. was nominated and elected to the office of President-elect without opposition. Dr. Charles A. Dukes of Oakland, Cal. was nominated to the office of Vice President without opposition. Dr. Olin West was again elected Secretary and Dr. Herman L. Kretschmar was elected to succeed himself as Treasurer. Dr. H. H. Shoulders was re-elected Speaker; Dr. R. W. Fouts of Omaha was re-elected to succeed himself as Vice Speaker. Dr. Ernest E. Irons of Chicago was elected to fill the unexpired term of Trustee of Austin A. Hayden, deceased. Dr. Charles W. Roberts of Atlanta, Ga. was elected trustee to succeed Dr. Thos. S. Cullen of Baltimore who according to the By-laws was not eligible to re-election.

Dr. Frank H. Lahey, President, submitted the following nominations for standing committees, which, on motions duly made, seconded and carried, were confirmed by the House: Dr. Walter F. Donaldson, Pittsburgh, to succeed himself on the Judicial Council for a term ending in 1946. Dr. Frederick A. Coller, Ann Arbor, Michigan, to succeed Dr. S. P. Mengle, Wilkes-Barre, Pa., on the Council on Scientific Assembly, for a term ending in 1946.

Dr. Harvey B. Stone of Baltimore was elected to the Council on Medical Education and Hospitals to succeed Dr. Fred Moore of Iowa, deceased. Dr. Russell L. Haden of Cleveland was elected a member of the Council on Medical Education and Hospitals to fill the unexpired term of Dr. Fred W. Rankin, resigned.

The House of Delegates selected St. Louis, Mo. in which to hold the 1944 Annual Session of AMA.

Respectfully submitted,
HENRY A. LUCE, M.D., *Chairman*
L. G. CHRISTIAN, M. D.
T. K. GRUBER, M.D.
C. R. KEYPORT, M.D.
FRANK E. REEDER, M.D.

———MSMS———

ANNUAL REPORT OF THE COMMITTEE ON DISTRIBUTION OF MEDICAL CARE, 1940-41

The Committee held one meeting on May 7, 1941.

1. The progress of Michigan Medical Service was discussed.

2. The various maps prepared by S. W. Hartwell, M.D., showing the distribution of physicians in the state, relative buying power in different sections of the state, hospital beds, etc. were discussed. The furthering of this project in detail was held in abeyance as the 1940 census results were not available and even the 1940 census would be outdated due to the rapid population shift in the National Defense Program.

3. The resolution concerning general practitioners in hospitals, which was introduced in the 1940 session of the House of Delegates and referred to the Committee for study (Resolution printed in full on page 881 of November 1940 M.S.M.S. Journal) was referred to the Executive Committee of The Council with the recommendation of this Committee that it be adopted.

4. After discussion of the feeling in the ranks of medicine connected with the medical examination of draftees, a resolution was unanimously adopted, requesting that the matter be presented to the A.M.A. House of Delegates.

5. Other problems presented by the members included practicing of the physician in hospitals, care of victims in accidents who have no insurance and in many cases fail to pay for medical and hospital expenses incurred. It was pointed out that the same people pay any and all fines, provide cash for bail and spend considerable sums to repair wrecked cars and ignore the doctor's bill. The Committee is giving further thought to this problem for later discussion and recommendations.

Respectfully submitted,
T. S. CONOVER, M.D., *Chairman*
A. F. BLIESMER, M.D.
H. O. BRUSH, M.D.
A. C. HENTHORN, M.D.
R. F. SALOT, M.D.
G. B. SALTONSTALL, M.D.
H. B. ZEMMER, M.D.

———MSMS———

ANNUAL REPORT OF MEDICAL-LEGAL COMMITTEE, M.S.M.S., 1940-41

Beginning January 1, 1940, upon instructions of the House of Delegates, the State Society ceased defending members in alleged malpractice actions which arose on and after that date. However, the Medical-Legal Committee continued to advise members pertaining to the rights and duties of physicians in the practice of their profession.

Of the twelve cases referred to your Committee prior to January 1, 1940, all have been adjudicated to date except two.

Since January 1, 1941, only one new case (the cause of action of which arose in 1939) has been reported to your Committee.

No further action has been taken in the two cases reported in 1940 (the cause of action of which arose in 1939). In one of these matters, it is possible that responsibility may be assumed by private insurance company.

In accordance with Chapter Six, Section Four of the M.S.M.S. By-laws, your Medical-Legal Committee stands ready at all times to give advice and assistance to any members of the Michigan State Medical Society who are faced with medico-legal problems. The Society will continue its custom of sending malpractice notification cards to members with their membership certificates, as a convenience for advising insurance carriers and the M.S.M.S. Medical-Legal Committee of any threatening actions.

Respectfully submitted,
S. W. DONALDSON, M.D., *Chairman*
T. E. HOFFMAN, M.D.
WM. J. STAPLETON, JR., M.D.
BERT VAN ARK, M.D.
E. A. WITTWER, M.D.

———MSMS———

ANNUAL REPORT OF M.S.M.S. REPRESENTATIVES TO THE JOINT COMMITTEE ON HEALTH EDUCATION, 1940-41

The representatives of the Society to the Joint Committee have had no occasion to meet during the year.

The Chairman, who is also chairman and treasurer of the Joint Committee, called the annual meeting of the component units for June 13, 1941. The traditional activities have been carried on during the past year. About the same number of health lectures were assigned. The radio program, which is a most effective avenue for the dissemination of health education, has been ably handled by R. J. Mason, M.D., chairman of the M.S.M.S. Radio Committee. Arrangements with the various outlets and the multigraphing and distribution of copy is handled by the Joint Committee. An interesting exhibit by means of a large chart showing our activities, was presented at the American Public Health Association meeting in Detroit.

We regret to report that it seems probable that a lack of adequate financial support will compel the Joint Committee to discontinue some of its activities. An activity which has received most favorable comment is the health column in the *Detroit News*, which has been running for nine years. With this health column is an associated question and answer service which has grown to large proportions. We believe this to be a valuable activity, but it is an expensive one. The total cost runs about twenty-five hundred dollars of which the *Detroit News* pays a thousand dollars. Unless sufficient funds are obtained, this activity will be discontinued. It is planned to go on with the speaking bureau and the radio programs.

There is no lessening of the need for the dissemination of factual health information to the laity, but today there are many organizations and governmental divisions actively engaged in this work. Twenty years ago when the Joint Committee was formed there were few avenues of approach and few groups interested in this objective. There is no thought of the Joint Committee discontinuing its activities. It was, however, suggested at the annual meeting, that in the future the Committee should lay special emphasis on its function as an advisory committee on health education. With its twenty-five component units it has a special opportunity to serve as a coördinating agency, while at the same time it carries on as many of its traditional activities as its budget permits.

Your attention is called to the quite extensive library of sound and silent films which were purchased by the Joint Committee. These are available under certain restrictions, by application to the Extension Division of the University of Michigan.

Respectfully submitted,
BURTON R. CORBUS, M.D., *Chairman*
C. T. EKELUND, M.D.
HENRY A. LUCE, M.D.
W. R. VAUGHAN, M.D.

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ANNUAL REPORT OF PREVENTIVE MEDICINE COMMITTEE, 1940-41

During the year just passed this committee, through its advisory committees, has witnessed a marked increase in the demands for adequate and immediate solutions of many new problems that have been posed before it. Most of this has been created by the all-pervading national defense program with which preventive medicine is so intimately interlocked; but in spite of the poor definition of many of these problems the various advisory committees have in most instances successfully met the demands made upon them.

The expansion of industrial activity, the vast increase in the employed with shift in population, the concentration of large groups in army camps, have all served to bring into sharp focus the necessity of preventive effort in industrial medicine, degenerative diseases, tuberculosis, syphilis and venereal disease, maternal and child health and mental hygiene. The health education of the public through use of the radio, press and public meetings, and the expansion of facilities for postgraduate education of physicians have also taken on new importance in the face of the changed situation.

In addition, an effort was initiated to eliminate what appeared to be wasteful reduplication in the administration of certain of the statutes dealing with the lame and the halt; and, while this fell just short of its mark, it served to bring to public notice certain glaring defects that are bound to be eliminated.

Groundwork for the eventual establishment of a State Bureau of Cancer Control was well laid by the

Cancer Committee and this group further expanded its activities into the field of cancer control.

In all deliberations, the committees have had the helpful coöperation of representatives of the State Health Department, Children's Fund of Michigan, W. K. Kellogg Foundation and the Michigan Tuberculosis Association, so that all action taken represents the combined opinion of all interested groups. The individual committee reports present in detail the full action of each of these groups.

The year was marred by the untimely death of C. K. Valade, M.D., Chairman of the Committee on Syphilis Control, whose loss is keenly felt by all members of the profession.

Your committee held two meetings during the year: on January 9, and June 19, 1941. In addition, it assisted in the selection of several speakers for the General Assembly at the State Meeting.

Respectfully submitted,
WM. S. REVENO, M.D., *Chairman*
J. D. BRUCE, M.D.
HENRY COOK, M.D.
BURTON R. CORBUS, M.D.
WM. A. HYLAND, M.D.
M. R. KINDE, M.D.
HENRY A. LUCE, M.D.
R. J. MASON, M.D.
H. ALLEN MOYER, M.D.
H. H. RIECKER, M.D.
W. F. SEELEY, M.D.
FRANK VAN SCHOICK, M.D.
A. R. WOODBURNE, M.D.

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ANNUAL REPORT OF THE RADIO COMMITTEE, 1940-41

During the past year, twelve radio stations throughout the state participated with the Society in providing facilities for broadcasts. These are:

Name of Station	*Name of Doctor in Charge*
Battle Creek—Station WELL Aldon H. Haight, Mgr.	Dr. E. Van Camp 229 Ward Bldg.
Bay City—WBCM H. A. Giesel, Mgr.	Dr. J. Norris Asline Essexville, Michigan
Detroit-Windsor—CKLW Campbell Ritchie	Dr. G. C. Penberthy David Whitney Building
Flint—WFDF A. R. Cooper, Mgr.	Dr. H. M. Golden Center Building
Grand Rapids—WOOD Stanley Barnett	Dr. P. W. Kniskern 421 Medical Arts Bldg.
Houghton—WHDF Albert Payne, Mgr.	Dr. K. J. McClure Calumet, Michigan
Jackson—WIBM Roy Radner, Mgr.	Dr. E. A. Thayer National Bank Bldg.
Kalamazoo—WKZO Patty Criswell, Pub. Rel.	Dr. Hazel R. Prentice 458 W. South Street
East Lansing—WKAR R. J. Coleman, Mgr.	Dr. L. M. Snyder City Nat'l Bank Bldg.
Muskegon—WKBZ Frank Lynn, Mgr.	Dr. E. N. D'Alcorn Michigan Theatre Bldg.
Marquette—WDMJ G. H. Brozek, Mgr.	Dr. N. J. McCann Ishpeming
Port Huron—WHLS Harmon Stevens, Mgr.	Dr. E. W. Meridith 1102 Sixth Street

During this period, the following talks were broadcast. These talks have all been in dialogue form wherein the station announcer asked a question. This was answered by the physician delivering the talk. The signature at the beginning and closing of each talk announced the name of the speaker as a member of the M.S.M.S.

Following is a list of the broadcasts given: the common cold, influenza, pneumonia, wintertime accidents, diabetes, sinus disease, the value of x-ray examinations in accidents and emergency cases, colitis, artificial fever therapy, relationship of dentistry and medicine, scarlet fever, eyesight in mental and physical development, simple facts about how we hear, premarital examinations, importance of pre-natal care, the menopause, the value of anesthesia in surgery and medicine, can cancer be cured?, refrigeration treatment of cancer, the common causes of fatigue, problems in obesity, anemia, acute abdominal pain, truth and fiction about blood pressure, misconceptions about heart disease.

Respectfully submitted,
R. J. MASON, M.D., *Chairman*
C. L. GRANT, M.D.
A. B. GWINN, M.D.
R. G. JANES, M.D.
G. C. PENBERTHY, M.D.

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ANNUAL REPORT OF COMMITTEE ON POSTGRADUATE MEDICAL EDUCATION, M.S.M.S., 1940-41

The Committee on Postgraduate Medical Education met twice during the year: On January 29, and on May 21, 1941.

At the first meeting the Michigan Postgraduate program in medicine was presented by the Chairman and discussed by the Committee. The Chairman reminded the Committee of two actions taken in previous meetings: (1) a motion to allow the Chairman of the Committee to make changes in the planned program when emergencies make these changes advisable; (2) a motion to require the notification of the central office of the dates of all medical meetings in the state other than those of county and special societies, so that conflicts with postgraduate meetings would not occur.

The recommendations of the County Societies' Committee of the Council were thoroughly discussed. These recommendations related to postgraduate medical education and were as follows: (1) It was recommended that a questionnaire be sent to all members relative to the subject matter of future postgraduate courses. This has been done in the past and the Committee recommended that it be continued; (2) It was suggested that an all-day conference given by outstanding lecturers replace the four weekly meetings. The discussion of this suggestion brought out several objections: the increased cost of obtaining speakers; inadequate time for questions; hesitancy in asking questions of strange speakers; lack of sustained interest; and the desire of most general practitioners to have part of the day for office work and house calls; (3) The recommendation that examinations covering the subjects presented over a four-year period be given before granting certificates of Associate Fellowship or Fellowship in Postgraduate Medicine, was set aside for future discussion.

The Committee suggested a Clinical Pathological Conference to be given at the last meeting of the series.

It was the collective opinion of the Committee that the present plan of postgraduate medical education is producing excellent results and that no radical changes should be made at this time.

Methods of stimulating attendance at the various centers of teaching were discussed. The Committee reiterated its belief that the Councilor in each district should be responsible for stimulating interest in the postgraduate program, and that the secretary of each county society notify the membership of the Society of all postgraduate programs.

A communication from Councilors Perkins and Barstow requested that all of the spring meetings be held in Bay City, and that all the fall meetings be held

in Saginaw. This request was unanimously granted by the Committee.

The subjects presented in the extramural course for October, 1940, and April, 1941, were as follows:

October, 1940.

The Newborn Period.
The Management of Labor.
The Management of Unusual Cases of Hernia.
The Significance of Albuminuria.
The Psychoneuroses.
Laboratory Procedures for Office Practice.
Nasal Accessory Sinus Disease in the Practice of Medicine.
The Differential Diagnosis of Coma.

April, 1941.

The Care of the Injured.
The Diagnosis and Treatment of Meningitis.
Useful Drugs in Gastroenterology.
Digestive Derangements in Infancy and Childhood.
The Significance of Albuminuria.
Office Gynecology.
Clinical Conference. Diagnostic Problems in Nontuberculous Pulmonary Disease.

The registration in the postgraduate courses from July 1, 1940, to June 30, 1941, is as follows:

Extramural Registrations—Ann Arbor, 124; Flint, 149; Battle Creek-Kalamazoo, 130; Mt. Clemens, 78; Grand Rapids, 177; Jackson-Lansing, 120; Saginaw-Bay City, 163; Traverse City, etc., 97. Total, 1038.

Intramural Registrations—Allergy, 12; anatomy, 28; diseases of blood, 14; diseases of heart, 13; electrocardiographic diagnosis, 33; gastroenterology, 19; gynecology and obstetrics, 14; internal medicine (American College of Physicians), 24; ophthalmology and otolaryngology, 58; pathology, 4; personal courses, 122; pediatrics, 133; proctology, 21; roentgenology, 19; summer school, 27. Total, 541.

In addition to the above Ingham County has submitted a list for postgraduate credits of 131; other physicians qualifying for credits are estimated at 100, making a total of 231.

The entire number of registrants was 1810.

At the second meeting of the Committee, on Wednesday, May 21, the first matter under discussion by the Committee was the type of program for teaching in the extra-mural work. It was the unanimous opinion of the Committee that the present plan of holding meetings once each week for four weeks during the fall and spring be continued. The objections raised to the one-day continuous session were as follows: 1. Inability of the physicians to digest mentally eight lectures in one day. 2. The tendency for the members to tire and leave the lectures so that the last papers are heard by only a few. 3. The one-day postgraduate meetings held in Lansing, Flint, Jackson, Kalamazoo, Highland Park, and other places in the state fill the need for this type of program, and extension of these programs would militate against attendance of the annual State Meeting without meeting the acknowledged need for the continuity provided in the present eight-day yearly program.

The idea of correlating and recognizing all postgraduate activities throughout the state was discussed. The Chairman suggested that a request for correlation, recognition and direction by the central office come from those societies which carry on postgraduate activities. Dr. R. H. Pino and Dr. Douglas Donald were appointed to consult with Wayne County Medical Society relative to this matter.

It was decided by the Committee that postgraduate work in the northern part of the Southern Peninsula be concentrated in Traverse City. Also, that Jackson and Lansing, Battle Creek and Kalamazoo, alternate in giving the fall and spring courses.

The Chairman called attention to the increased attendance in those districts where the Councilors made a personal effort to notify the doctors of the meetings, and he suggested that at the Mackinac Island meeting of The Council this matter be presented by Councilor Cummings and Secretary Foster.

Dr. Burton R. Corbus introduced the subject of graduate training for interns and residents. The matter of improved medical education and training for interns and residents was discussed at length by all members of the Committee and the following motion passed: The Committee commends and supports the efforts of the Michigan State Medical Society to collaborate with the University of Michigan Medical School and the Medical School of Wayne University in an effort to improve intern and resident training in Michigan hospitals and in the encouragement of graduate medical education. Moved by Dr. Donald and seconded by Dr. Fillinger.

The suggested subjects for the 1941-42 program were next considered. The following subjects were approved by the Committee:

The Modern Treatment of Fractures.
The Recognition and Prevention of Accidents of Pregnancy.
The Interpretation of Fatigue as a Symptom.
The Office Management of the Allergic Patient.
The Office Management of the Diabetic.
Recognition and Treatment of Rheumatoid Arthritis.
Convulsions in Infancy and Childhood; their Diagnosis and Management.
Emergency Drugs in General Practice.
The Early Diagnosis of Cancer.
Abnormalities of Growth and Development in Children.

Notwithstanding the slight decrease in attendance in 1940-41, on the whole it has been in the opinion of your Committee quite a satisfactory year. The imminence of the war effort, which has called many young men into service and had a more or less disrupting influence on those within the age of eligibility for military service, has prevented many from leaving their homes for postgraduate study. It is surprising that so many have continued in their devotion to an improvement of their service. While the coming year will probably see a further slight decrease in attendance, we should continue to provide the usual opportunities for those who have been availing themselves of these services throughout the years, and also make an increased effort to stimulate interest for professional improvement in those who have been gradually relinquishing their practices, or have actually done so, thus assuring to the people the most adequate service possible under the circumstances.

Respectfully submitted,

JAMES D. BRUCE, M.D., *Chairman*
ABEL J. BAKER, M.D.
ANDREW P. BIDDLE, M.D.
HOWARD H. CUMMINGS, M.D.
DOUGLAS DONALD, M.D.
WELLS B. FILLINGER, M.D.
CHARLES L. HESS, M.D.
HENRY A. LUCE, M.D.
WM. H. MARSHALL, M.D.
EDGAR H. NORRIS, M.D.
RALPH H. PINO, M.D.
WM. E. TEW, M.D.
JOHN J. WALCH, M.D.

———MSMS———

Northwestern University Alumni Club luncheon will be held at the Peninsula Club, Grand Rapids, Thursday, September 18, 1941, 12:15 p.m. on the occasion of the M.S.M.S. Convention. E. W. Schnoor, M.D., president of the Nortwestern Alumni Club of Grand Rapids, will be chairman. All Northwestern Alumni are cordially invited.

ANNUAL REPORT OF CANCER COMMITTEE, 1940-41

The Cancer Committee held four meetings during the year 1940-41: on January 6, 1941, February 17, 1941, March 6, 1941, and June 9, 1941. The objectives of the Committee for the year were:

1. The drafting of a bill to authorize laboratory work for the indigent cancer patient at the expense of the state. This program was to be under the direction of a committee composed of doctors of medicine licensed by the State of Michigan and appointed by the Governor, the work integrated with the Michigan Department of Health.

2. The maintaining in office of our Field Representative, who was in the Medical Reserve Corps of the United States Army, as long as possible during the present year.

3. The development of a medical brochure on "The Patient with Incurable or Advanced Cancer" under the direction of the M.S.M.S. Cancer Committee, the Michigan Department of Health, and the Field Representative.

Summary

1. The bill (HB 580) drafted by the Cancer Committee with the advice of members of the Michigan Pathologists Society, the Legislative Committee and the Executive Committee of the M.S.M.S. Council was endorsed by the Legislative and Executive Committees and presented to the Governor who in turn arranged for its introduction in the House of Representatives by a member of both parties. This bill was assigned to the Public Health Committee. During discussion on the bill in this committee, the representative of the osteopaths (a member of the House Public Health Committee) insisted that the designation of members of the Cancer Board, who in the bill were to be doctors of medicine and appointed for staggered terms by the Governor, be changed to the term "physicians." During the present administration this would not make any difference, but at some future time, it would make possible the appointment of all osteopaths to the Cancer Board; Representative S. L. Loupee, the House member who sponsored the bill, is also a member of the Public Health Committee and objected very strenuously to this amendment. He felt that he could not be a party to this bill if such a damaging amendment were accepted. In discussing this matter with the members of the Executive Committee as well as the Chairman of the Cancer Committee, he decided not to accept the amendment: therefore the bill died in the Public Health Committee of the House.

2. Doctor Frank Power, our Field Representative, was called to service in April, leaving the last two and one-half months of the year unfilled by a Field Representative for the combined work of the M.S.M.S. Cancer Committee and Michigan Department of Health. Health Commissioner H. Allen Moyer, M.D., has been extremely satisfied with Doctor Power's work and requests that the position be offered him upon the fulfillment of his training period. However, this will not be before April, 1942 and in the meantime, the Committee has leads on two men who are well trained who are being contacted at this time.

3. The Brochure, "The Patient with Incurable or Advanced Cancer," is an effort to recommend a form of treatment for the inoperable and recurrent cancer patient to eliminate in as far as possible the conversion of this patient into an addict of some sort. This brochure will contain important chapters discussing the mental approach in announcing to the patient and the patient's family the incurability of the disease and the psychological methods to be employed with the patient and family including environmental arrangements. Other chapters will be devoted to methods to relieve pain, unsightliness, and the employment of various drugs as far as possible that are not habit forming and when the latter are necessary, the judicious use of them. This brochure will be completed at an early date for printing at state expense and distribution throughout the state by members of the M.S.M.S.

Respectfully submitted,
Wm. A. Hyland, M.D., *Chairman*
F. A. Coller, M.D.
W. G. Gamble, M.D.
C. R. Hills, M.D.
A. B. McGraw, M.D.
Lawrence Reynolds, M.D.
William R. Torgerson, M.D.

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ANNUAL REPORT OF THE CHILD WELFARE COMMITTEE, M.S.M.S., 1940-41

The Child Welfare Committee has continued the several projects started under the leadership of F. B. Miner, M.D.

1. Coöperation with the State Health Department in formulating and distributing information relative to immunization schedules. The schedules were brought up to date and are being sent out two or three times a year. The revised material is sent to the members of the M.S.M.S. by the Secretary and to the parents of newborn babies by the State Health Department.

2. R. M. Kempton, M.D., M.S.M.S. Representative to the School Health Committee of the State Department of Public Instruction, completed his work on "Accidents in School." This was reviewed, changed in minor details and approved by the whole Child Welfare Committee.

3. Lillian R. Smith, M.D. and Warren E. Wheeler, M.D. of the Maternal Health and Child Health Division of the State Health Department, are continuing their splendid coöperation in the distribution of incubators throughout the state. Dr. Wheeler conducts a refresher course on care and management of prematures in each district where the State incubators are loaned. This work has been productive of a tremendous amount of good. Those who have been fortunate enough to take part in these courses have been very enthusiastic about them.

4. With the advice and counsel of the Committee, Dr. Wheeler prepared a very fine brochure on Measles. This was printed by the State Health Department and distributed in volume to local health departments who in turn distributed them to the practicing physicians in their district.

A similar brochure is being developed by Dr. Wheeler and Dr. Pearl Kendrick on Whooping Cough. This, we hope, will be ready for distribution in the Fall.

5. F. B. Miner, M.D. and Frank Van Schoick, M.D. have been appointed to the Child Welfare Committee of the Michigan Welfare League. In this position they have been valuable liaison men with other groups interested in Child Welfare.

6. The major activity of the Committee this year has been relative to the Crippled-Afflicted Child problem. Inasmuch as this was a legislative year, the Committee felt that certain changes in existing legislation were imperative. Pursuant to this thought the committee formulated certain fundamentals and forwarded them to the Executive Committee of the Council and to the Preventive Medicine Committee of the M.S.M.S.

The Child Welfare Committee recommended that The Council transmit to the Governor of the State of Michigan the following expression of its attitude relative to the Crippled Children Commission and its problems:

1. The personnel of the Crippled Children Commission should be selected solely on the basis of knowledge of and interest in children and their problems. Such persons should not represent

any special group in the community but should be representative of the people of Michigan as a whole.

2. The function of the Crippled Children Commission should be to establish policies, and the carrying out of these policies should be entrusted to a medical administrator with full authority to act.

3. The medical administrator should have an assistant to carry out such business matters as may be delegated to him.

4. The state should be divided into districts and medical coördinators be appointed to represent the administrator in such districts in carrying out the policies of the Crippled Children Commission.

5. The present system of requiring the parents of medically indigent children to sign notes for the re-payment to the State for services rendered under this program should be discontinued.

The Child Welfare Committee recommends that The Council transmit to the Governor of the State and to the Legislature the following expression of its attitude relative to legislation providing for the care of the sick child:

1. There is no basis for separate legislation for the Crippled and for the otherwise afflicted child. Crippled children should be considered as a specialized group of afflicted children. Expert medical care of crippled children is frequently as important as expert surgical care, and medical complications often arise during the course of orthopedic treatment. The crippled child is essentially a sick child.

2. Suitable enabling legislation should be passed creating a commission with authority to care for all sick children. This authority should include the power and obligation to accept and/or reject cases arising under this act, to supervise their care, to establish appropriate fee schedules for services rendered by physicians and hospitals, and to arrange the payment therefor.

3. The personnel of the Commission should be selected solely on the basis of knowledge of and interest in children and their problems. Such persons should not represent any special group in the community but should be representative of the people of Michigan as a whole.

4. The function of the Commission should be to establish policies and methods, the carrying out of which should be delegated to a medical administrator with full authority and responsible only to the Commission.

5. The medical administrator should have whatever medical or business assistants may be necessary to the proper execution of his functions.

The Chairman, representing the M.S.M.S. Child Welfare Committee was appointed on a special committee by The Council to study the Crippled and Afflicted Children problem and to coöperate with the Legislative Committee of the M.S.M.S. in formulating proper legislation pertaining thereto. A great many conferences were held in Lansing and Detroit and finally a bill was drafted which had the hearty support of the seven interested groups.

The last activity that the Committee embarked upon is that of Child Health in War. This is so new to all of us that the Committee has nothing to report other than the fact of continued investigation.

Respectfully submitted,
FRANK VANSCHOICK, M.D., *Chairman*
W. C. C. COLE, M.D.
LEON DEVEL, M.D.
CAMPBELL HARVEY, M.D.
R. M. KEMPTON, M.D.
EDGAR MARTMER, M.D.

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ANNUAL REPORT OF IODIZED SALT COMMITTEE, M.S.M.S., 1940-41

The meetings of this Committee are dependent upon the necessity of urgent business or new developments.

1. The Committee held one meeting during the year and that was on November 13, 1940.

At that time a report was given by the Chairman of the lengthy testimony which he introduced, in collaboration with Mr. Wilcox, Chairman of the Standardization Committee of the Salt Producers Association and their attorney, Mr. Westcott, at a hearing of the Federal Food and Drug Administration in Washington on October 30, 1940. A copy of this testimony together with collaborative testimony given by Dr. Walter T. Harrison, Senior Surgeon of the United States Public Health Service, and also testimony given for the Government by Dr. George Dobbs of the Drug Division of the Food and Drug Administration, are hereby submitted.

Since that hearing no further action or regulation has come out of the Food and Drug Administration except a verbal order that no therapeutic statement can be printed on the label of any package of iodized salt nor can any statement or advice accompany the package.

2. Since the last meeting of the Michigan State Medical Society, the Trustees of the American Public Health Association accepted the Michigan Committee's invitation for the formation of a Study Committee on Endemic Goiter and such has been organized, as a Sub-committee under the Sub-committee on Evaluation of Administrative Practices with Dr. Haven Emerson as Chairman.

This sub-committee at the present time is made up of the following members:

George N. Curtis, M.D., Professor of Surgery, Dept. of Research Surgery, Ohio State University, Columbus, Ohio; E. B. Hart, Ph.D., College of Agriculture, University of Wisconsin, Madison, Wis.; Roy D. McClure, M.D., Department of Surgery, Henry Ford Hospital, Detroit; Hugh McCullough, M.D., 325 N. Euclid Avenue, St. Louis, Mo.; W. H. Sebrell, Jr., M.D., Chief, Division of Chemotherapy, U. S. Public Health Service, National Institute of Health, Washington, D. C.; Harry A. Towsley, M.D., Department of Pediatrics, University Hospital, Ann Arbor; W. G. Wilcox, Ph.D., Chairman of the Standardization Committee, Salt Producers Association, 154 Bagley Ave., Detroit; C. C. Young, Dr.P.H., Director of Laboratories, Michigan State Department of Health, Lansing; Frederick B. Miner, M.D., chairman, M.S.M.S. Iodized Salt Committee, 400 Sherman Building, Flint, Secretary of Committee.

Counsultants—Thomas B. Cooley, M.D., Pediatrician, 1728 Seminole Ave., Detroit; David J. Levy, M.D., Pediatrician, 768 Fisher Bldg., Detroit; David Marine, M.D., Research Pathologist, Montefiore Hospital 150 E. Gun Hill Road, New York; J. F. McClendon, M.D., Research Professor of Physiology, Hahnemann Medical College and Hospital, 235 N. 15th St., Philadelphia.

This national Committee met for the first time at a two-day Conference in Detroit on June 14 and 15. The following Agenda was considered. The long report has not been edited, as yet. It is proposed to bring this to the Michigan Committee as soon as it is completed.

Agenda of first meeting—June 14 and 15, 1941.

1. Brief historical sketches of the work of the Michigan Committee.

(a) Organization and Plan—Presented by Dr. Cooley.
(b) Results—Prophylactic—Presented by Dr. Levy.
(c) Surgical—Presented by Dr. McClure.

2. Acceptance, if possible, of etiology of endemic goiter. Is there any reason to change from the iodine deficiency theory? Or is there any doubt? Presented by Drs. Marine and McCullough.

3. Agreement of a plan to ascertain the iodine deficiency by counties or states. Presented by Drs. Sebrell and McClendon.

4. Agreement of a standard analysis of water and other test. Presented by Dr. Young.

5. How much supplementary iodine is necessary to protect persons and domestic livestock living in these areas and how stabilized? (The same iodine content in salt for both is in use today). Presented by Drs. Curtis and Hart.

6. Description of what the State Public Health Departments are doing in a preventive way to meet the problem. Presented by Dr. Sebrell.

7. A proposed uniform plan of prophylaxis. Presented by Drs. Towsley and Emerson.

8. A procedure to ascertain the results of preventive measures. Presented by Dr. Young.

9. The present status of iodized salt with the Federal Food and Drug Administration and the Salt Producers. Presented by Dr. Wilcox and Dr. Miner.

10. Labeling, iodine content, stabilizer used, and the legend statement, "Iodized Salt prevents simple goiter," as recommended by the Michigan Committee. Presented by Dr. McClure.

11. Agreement on an official statement for the Salt Producers and the Federal Food and Drug Administration. Presented by Dr. Levy.

12. Agreement on objectives, allocation and division of the work. Presented by Dr. Emerson.

All out-state members spoke appreciatively of the pioneer work accomplished by the Michigan State Medical Society's Iodized Salt Committee. Many of its principles were adopted to apply to the national program.

The most important point, however, adopted by the national Committee is the recommendation of the use of a stabilizer in iodized salt and the reduction of the iodine content from two-hundredths of one per cent to one-hundredth of one per cent.

The necessity of eliminating the therapeutic statement from the package of Iodized Salt creates the necessity for everlasting educational programs for the use of Iodized Salt by Public Health Departments and by all members of the profession in all goiterous areas.

Respectfully submitted,
FREDERICK B. MINER, M.D., *Chairman*
L. W. GERSTNER, M.D.
D. J. LEVY, M.D.
R. D. MCCLURE, M.D.
H. A. TOWSLEY, M.D.
S. YNTEMA, M.D.

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ANNUAL REPORT OF THE COMMITTEE ON HEART AND DEGENERATIVE DISEASES, 1940-41

During the third year of its existence, the Committee on Heart and Degenerative Diseases continued its policy of directing its educational effort toward the physician in general practice. Its first concern was to define the broad principles governing the control of heart disease in children including the reporting of rheumatic heart disease to the State Health Department in an effort to determine the incidence of the disease in Michigan. This culminated in an article appearing in the M.S.M.S. JOURNAL which covered the principles of the prevention and early care of the rheumatic child.

The classification of heart disease is of first importance in an understanding of the subject. The Committee has distributed to the members of the Society a short pamphlet dealing with the classification of heart disease and the correct method of reporting deaths from heart disease so that the vital statistics of the State will reflect more accurately the incidence and kinds of heart disease with which the profession should be concerned.

The Committee also distributed two pamphlets to the profession—one dealing with the methods of taking blood pressure readings and the other with the physical examination of the circulatory system. These pamphlets had been prepared by a committee of the American Heart Association and were mailed to each member through the courtesy of the Michigan Tuberculosis Association. Since heart disease is now the first cause of death, these two examinations seem of importance to the Committee. An explanation of the cardiac status and the blood pressure enters into the management of every patient, in every specialty, before and after every operation. The medical aspects were particularly apparent in the preparedness program.

The Committee was influential in obtaining an opportunity for the profession to attend courses in heart disease under the direction of the Wayne County Continuation Study Committee and the M.S.M.S. Advisory Committee on Postgraduate Education. While these courses were well attended, the Committee is anxious to secure a still greater attendance by the profession on short postgraduate courses dealing with the degenerative diseases. Individualized and personal instruction concerning examination of the heart and the treatment of patients is fundamental to an understanding of the subject and this can be best obtained by supervised bedside teaching.

Having begun in a small way the educational efforts in heart disease, the Committee believes that its field lies in continuing and intensifying this program. The widespread prevalence of the degenerative diseases would suggest continuing effort in the educational field. Some consideration is being given to the problem of diabetes prevention in this state. It is estimated that there are fifty thousand cases of glycosuria in Michigan, including about one hundred who are doctors. The success in this field achieved by Doctor Elliott Joslin in the Southwest should encourage us in our local effort. A beginning already has been made by means of postgraduate programs throughout the State toward practical instruction in the management of this great group of people.

Your Committee expresses its gratitude for the fine coöperation of The Council, the Editor of the JOURNAL and all members who have contributed to the support of its program.

Respectfully submitted,
HERMAN H. RIECKER, M.D., *Chairman*
B. B. BUSHONG, M.D.
M. S. CHAMBERS, M.D.
JOHN LITTIG, M.D.
E. D. SPALDING, M.D.

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ANNUAL REPORT OF THE MATERNAL HEALTH COMMITTEE, 1940-41

Several matters of importance have been considered by the Maternal Health Committee during the year 1940-41. The collection of data concerning hospital care of maternity patients in Michigan hospitals and maternity homes has been considered and submitted to the Committee. The data have been carefully analyzed and the complete report will be presented by a committee member, Alexander M. Campbell, M.D., before the Section on Obstetrics and Gynecology at the annual meeting in Grand Rapids next September. There is much of interest in the data collected and many lines and many avenues of approach for maternity care in Michigan are open. This report should be of interest to all those concerned in the care of pregnant women.

The case of People vs. Hildy (Mich. N. W. 829) has brought to light the interesting and incredible fact that while it is necessary for a physician to have a license to practice obstetrics in the State it is not necessary for a mid-wife to be so licensed. This condition of affairs has been reported to the parent Committee on Preventive Medicine.

The lack of clinical teaching material in obstetrics at the University of Michigan has been carefully considered and a representative has appeared before the Executive Committee of the Council to discuss ways and means by which more material for teaching students can be made available.

The Committee has been interested in collaborating with the Michigan Department of Health in the construction of a small inexpensive incubator for premature babies in the rural districts. The result has been that two incubators have been devised which will apparently answer the purpose.

The Committee has approved the subject of the State Department of Health in sending Russell R. deAlverez-Skinner, M.D., into the State for clinics in postgraduate obstetrics, with the approval of local medical societies.

At least one more meeting of the Committee will be held before the annual meeting of the Society in September at which time the authority in licensures of maternity homes in the State will be considered.

Respectfully submitted,
W. F. SEELEY, M.D., *Chairman*
D. C. BLOEMENDAAL, M.D.
H. A. FURLONG, M.D.
N. F. MILLER, M.D.
H. W. WILEY, M.D.
A. M. CAMPBELL, M.D., *Advisor*

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ANNUAL REPORT OF COMMITTEE ON SYPHILIS CONTROL, 1940-41

This year our Committee has had five meetings: September 26, 1940; November 3, 1940; January 19, 1941; March 5, 1941; and June 15, 1941.

It was with extreme regret that this Committee, which had worked so coöperatively together, learned of the death of our respected Chairman, Cyril K. Valade, M.D., of a heart attack, on March 27, 1941. We had all worked together so well under his excellent guidance that we felt that our committee work had been completely disrupted. President P. R. Urmston, M.D., asked Arthur R. Woodburne, M.D., to complete Dr. Valade's unexpired term and we have heartily backed his efforts to continue the work.

One of our chief interests the past year has been Venereal Disease Control in areas around the various enlarged military cantonments. In this, we had the collaboration of the State Health Department's Venereal Disease Division through T. E. Gibson, M.D., the local County Health Departments, and the private physicians practicing near the camps. We have discussed at length and offered our services in venereal disease control among the soldiers. Dr. Gibson's report at our last meeting indicates that the control measures advised have produced extremely gratifying results with the incidence of venereal diseases among the troops in the Fort Custer area being kept at a very low level.

This year our Committee has worked constantly to have standard regulations for reporting of venereal diseases made mandatory at all laboratories—both the private laboratories and those supported by public funds. Some progress has been made in this direction.

B. W. Carey, M.D., Medical Director for this district of the N.Y.A., was with us on several occasions and we devoted a good share of one meeting to outlining a policy concerning projects to be approved and methods to be employed in surveys and advice to the youth of the N.Y.A. and their parents, in matters of venereal disease control.

Dr. Carey has agreed to undertake the survey of our venereal disease situation as it affects the "Idlewild" area in Lake County, Michigan. This is to be done when he feels that results will be most conclusive and when he can best fit it in with his program.

During the early part of the legislative session, some effort was made to modify the premarital law. This Committee watched this legislation and with the aid of the M.S.M.S. Legislative Committee was influencial in keeping the bill from being reported out of committee.

Our Committee has worked with the Michigan Pharmaceutical Association through their representative, Mr. Otis Cook, to completely review House Bill No. 129, a bill to regulate and properly control the sale of prophylactic appliances for the prevention of venereal diseases. The Committee recommended that the Michigan State Medical Society support this bill.

Dr. Gibson, of the Michigan Department of Health, holds a captain's commission in the Medical Reserve Corps, and our Committee felt that because of his importance in the State with so many defense and cantonment areas, that his retention in his present capacity with the State was imperative. A resolution to this effect was drawn up and we have Dr. Gibson still with us and it is the hope of our Committee that he will be left with us and not called into Federal Service.

Drs. Roehm and Rice in their subcommittee work have made every effort to stimulate interest in venereal disease control through the County Medical Societies.

Dr. Woodburne has prepared outlines of talks to be used by speakers using our new sets of slides for both professional and lay education in venereal disease control. Slides for both groups in sets of about seventy each are now available to any member of the Michigan State Medical Society. With these slides are furnished the outlines for talks for all types of programs, and various grouping of slides may be used to suit any size or type of audience. These slides and outlines may be obtained by writing to any member of this Committee or the executive offices of the Michigan State Medical Society, 2020 Olds Tower, Lansing.

This Committee has had a very pleasant year serving the Michigan State Medical Society in our present capacity and hope that our efforts will be continued by our successors.

Respectfully submitted,
ARTHUR R. WOODBURNE, M.D., *Chairman*
ROBERT S. BREAKEY, M.D.
EUGENE A. HAND, M.D.
J. W. RICE, M.D.
HAROLD R. ROEHM, M.D.
LOREN W. SHAFFER, M.D.

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ANNUAL REPORT OF INDUSTRIAL HEALTH COMMITTEE, M.S.M.S., 1940-41

Immediately after the 1940 Annual Meeting, the Industrial Health Committee held its first meeting in Detroit. In the discussion at that time, the Committee came to the conclusion that sufficient programs of education of the profession had been developed, but that same should continue throughout the year. These programs have continued by the use of speakers on the postgraduate course of the Michigan State Medical Society. A seminar was held by the University of Michigan Department of Public Health in which members of the Committee participated. Other meetings were held in the State which were entirely devoted to the subject of industrial health. Numerous regular county medical society meetings were also devoted to the subject of industrial health.

It has been slow work to develop a great amount of active interest in industrial health, but the Committee believes that the medical profession of Michigan today is more interested than ever before in industrial health.

While the Committee feels it is not the responsibility of the medical profession to endeavor to stimulate interest in health work among industrial organizations, still it does feel that there is great need for this type of work to be done. With this in mind, the Chairman was authorized to contact the Michigan Manufacturers' Association, thru Mr. John L. Lovett, Secretary, who evidenced considerable interest. After consideration by the Board of Directors of the Manufacturers' Association, a special committee composed of Mr. Lovett, Mr. Kenneth Bowers and Mr. Seth Babcock representing the Association was appointed. This committee met with the Industrial Health Committee of the M.S.M.S. in Lansing on April 9, 1941. After thorough discussion it was decided that the initiation of a program of industrial health in two industrial counties of Michigan in which smaller industries predominated,

would be worth while. The industrial health problem is generally well handled in the larger industrial organizations, but very often more or less neglected by many smaller plants. Two counties were selected for the experiment because of the active county medical society and because of the diversified small industrial organizations operating in these two counties. The tentative program was immediately approved by the Executive Committee of The Council, M.S.M.S., whereupon letters explaining the program were sent to the officers of the two county medical societies. The societies now have the proposed program under consideration and upon their approval the representatives of the Michigan Manufacturers' Association in these counties are ready and willing to coöperate in this experiment of educating the small industrial organizations to the advantages of a sound industrial health program. The Committee hopes that with the coöperation of the Michigan Manufacturers' Association this end may be brought about in all of the industrial plants of the state, particularly now when every possible precaution should be taken to preserve much needed man-power in the stress of the present national emergency.

Respectfully submitted,

HENRY COOK, M.D., *Chairman*
NORMAN H. AMOS, M.D.
DEAN C. DENMAN, M.D.
H. H. GAY, M.D.
C. D. SELBY, M.D.
GEORGE VANRHEE, M.D.

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ANNUAL REPORT OF THE COMMITTEE ON TUBERCULOSIS CONTROL, M.S.M.S., 1940-41

The Tuberculosis Control Committee has developed a small card entitled "Tuberculosis Case Finding" which may be used by the physician as an easily available reference. It contains in a few sentences the pertinent facts regarding tuberculin testing, x-rays, hospitalization and laboratory diagnoses. The card may be placed in a conspicuous place in the physician's office for ready reference.

The desirability of having one meeting per year in each county medical society devoted to the subject of tuberculosis, and preferably in one of the available sanitariums, was stressed. Many of the county societies have done this during the past year.

The Committee recommended that monthly abstracts of the Tuberculosis Society on the subject of tuberculosis be published in The JOURNAL of the Michigan State Medical Society. The possibilities of doing this are being investigated.

A list of speakers on tuberculosis was developed for the speakers' bureau of the Joint Committee on Health Education.

Respectfully submitted,

M. R. KINDE, M.D., *Chairman*
JOHN BARNWELL, M.D.
L. E. HOLLY, M.D.
W. L. HOWARD, M.D.
WILLARD B. HOWES, M.D.
BRUCE H. DOUGLAS, M.D., *Advisor*

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ANNUAL REPORT OF COMMITTEE ON MEDICAL PREPAREDNESS, 1940-41

There has been no occasion to call together the Committee on Medical Preparedness since we met for organizational purposes, there being no matters of policy to come before us.

The brunt of the Committee's activity comes on the chairman. In the early fall the chairman, together with the chairman of similar committees throughout the country, was called to Chicago for a conference. Since that time he has been in very frequent touch, by letter and by telephone, with Doctor Olin West of the American Medical Association, on matters concerning medical preparedness, and has served as an advisor, on a great many occasions, to Lt. Col. H. A. Furlong, M.D., State Medical Officer of Selective Service in Michigan.

The major task assigned to the National Preparedness Committee by the House of Delegates, was to make a complete survey of medical personnel to determine the number of physicians available for service in various capacities—for active service, for emergency conditions, for special fields of medicine, for industrial defense, etc. Questionnaires were sent to the 6,613 physicians listed in the A.M.A. Directory as of April 1. We have turned in 88 per cent for classification. The Preparedness Committees which were early set up in each county have been of invaluable aid in following up these questionnaires. Later, an attempt through a second questionnaire was made to ascertain how many and what physicians might be available for service with the military forces, and what physicians were essential for community needs. Questionnaires were sent out to the various county preparedness committees who did the best they could to fill out the blanks satisfactorily. It seemed to us that the questionnaire might have been worded more satisfactorily. The county chairmen and county committeemen found it embarrassing to designate individuals who were so essential for community needs that they should not be permitted to volunteer for service, or be called into the service, and equally embarrassing to designate men who should be available for military service. However, they did their best, and on the whole the information so obtained was valuable.

It is certain that the activity of the State Society's Preparedness Committee will be increased as, at an increasing tempo, the government makes its preparation for defense.

Many of our reserve medical officers who were called to active service, were practicing in communities where they were most essential for community health. Very earnest effort, which involved much correspondence and telephone communication, has been directed to holding these men in their communities. In more than one instance we have gone up to the Surgeon General, and have, from time to time, asked for aid from the Governor of the State and from the A.M.A. In general we have not been successful in retaining these men. While we had no difficulty in establishing the community's needs, the army felt that its needs were greater and called our attention to the fact that these community needs should have been recognized by the reserve officer himself during the period when the opportunity was given to him to resign.

About half of our physicians are engaged in the task of examining selectees for the draft boards. With a self-sacrificing spirit of patriotism the profession takes on this work without remuneration, and once again gives evidence that it recognizes that as a profession it has a very special responsibility to society and to the state.

Respectfully submitted,

BURTON R. CORBUS, M.D., *Chairman*
L. FERNALD FOSTER, M.D.
F. G. BUESSER, M.D.
H. H. RIECKER, M.D.
A. B. SMITH, M.D.
P. R. URMSTON, M.D.

ANNUAL REPORT OF ADVISORY COMMITTEE TO WOMAN'S AUXILIARY, 1940-41

During the past year no important questions have arisen necessitating a meeting of the members of this Committee. At various times a few relatively unimportant matters were discussed with the President of the Woman's Auxiliary.

Respectfully submitted,

R. C. Jamieson, M.D., *Chairman*
C. W. Brainard, M.D.
L. C. Harvie, M.D.
Wm. S. Jones, M.D.
Edwin Terwilliger, M.D.

———MSMS———

ANNUAL REPORT OF THE ETHICS COMMITTEE, 1940-41

The Ethics Committee of the Michigan State Medical Society is pleased to announce that no occasion arose during the past year for holding any meetings to discuss any alleged infractions of the Code of Ethics of the A.M.A.

One very minor incident, involving three or four letters, ironed out a question in the mind of a young doctor who was buying the office of a deceased physician.

From the excellent behavior of the members of the Michigan State Medical Society during the past few years, the job which this committee holds might be likened to that of the last five vice-presidents of a bank—an honorary title with nothing much to do. However, like the vice-presidents, we are willing to take off our coats and fight a fire if one breaks out. We will not, according to past custom, answer the alarm unless we receive notice of the alleged fire in writing with the assurance that the writer of such notice will be willing to offer his proof that such an affair exists.

Respectfully submitted,

Horace Wray Porter, M.D., *Chairman*
M. G. Becker, M.D.
F. M. Doyle, M.D.
J. J. McCann, M.D.
Allan McDonald, M.D.

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ANNUAL REPORT OF THE MENTAL HYGIENE COMMITTEE, 1940-41

The Committee has had only one regular meeting during the past year. No program was developed because it had previously been determined that the Committee should limit its activities to matters referred to it by the Council or Executive Committee and none has been referred.

The Committee has been deeply concerned about the mental health problems of the selectees and also with the selectees who have been rejected as unfit for general military service by reason of some mental or nervous disorder other than organic. We refer here to the psycho-neurotic, the neurotic and the unstable personality types.

Many draft boards have still the traditional attitude of sending a young fellow to the army to make a man of him. Your committee wishes to emphasize to the medical profession of the State the fact that individuals who have adjusted poorly to civilian life are more than likely not only to be poor soldiers but actually a danger from within to organized military forces.

The armed forces are not training centers for social problems; citizens and the medical profession must be alert to recognize and to recommend for rejection those who are likely to become psychiatric casualties under stresses of military life and later to become expensive charges on the government for psychiatric care and compensation.

Respectfully submitted,

Henry A. Luce, M.D., *Chairman*
R. G. Brain, M.D.
Esli T. Morden, M.D.
R. W. Waggoner, M.D.
O. R. Yoder, M.D.

———MSMS———

ANNUAL REPORT OF THE PUBLIC RELATIONS COMMITTEE, 1940-41

The major projects of a Public Relations character during the past year were those having to do with legislation and voluntary group medical care. The latter was handled directly by the corporation of Michigan Medical Service.

Due to the character of legislative activity and the dispatch with which it had to be executed the publicity attending the 1940-41 program was carried out directly by the Legislative Committee and the Executive office. The procedure was consistent with the established precedent of the society.

In order that the legislative program might have its rightful precedence over the other routine society activities and to decrease the number of contacts to be made with the various component county medical societies, the general public relation functions were discharged largely by the Councilors and officers in the official visits.

The committee members did, however, on many occasions assist in integrating in their districts various of the activities of the state society.

The ever-increasing scope of the State Society functions will, during the coming year, demand much of the Public Relations Committee.

Respectfully submitted,

L. Fernald Foster, M.D., *Chairman*
A. E. Catherwood, M.D.
C. G. Clippert, M.D.
H. S. Collisi, M.D.
S. W. Hartwell, M.D.
H. C. Hill, M.D.
L. J. Johnson, M.D.
A. H. Miller, M.D.
H. L. Morris, M.D.
Fred Reed, M.D.
D. R. Smith, M.D.
A. W. Strom, M.D.

Monroe Avenue, Grand Rapids, Looking West

MICHIGAN'S DEPARTMENT OF HEALTH

HENRY A. MOYER, M.D., Commissioner, Lansing, Michigan

100,000 BIRTHS IN 1941?

Physicians of the state will sign a record number of birth certificates this year, according to an estimate based on the first five months of returns from all eighty-three counties.

From January through May, 38,879 births were reported this year as compared with 37,570 in the same period in 1940. On this basis, the number of births for 1941 will exceed 100,000 for the first time in Michigan, the estimate being 102,350.

The present record year in births was 1927, when 99,940 births were reported. Last year's total of 99,106 was only a few hundred short of this all-time high. **At least three factors are responsible for the increase in births this year. Marriages increased last year, there is a gain in population due to the job attractions in defense areas (whole families are moving to Michigan), and many homes are in improved financial situation because of business and industrial prosperity. In offices and stores women are leaving their jobs in considerable numbers, often because their husband's increased income now makes it unnecessary for them to work.**

Physicians were first required to report births in 1906, when the duty of filling out original certificates was placed upon them by law. Previously, births had been reported by supervisors and by city officials. The physician's original certificate ultimately is filed in the State Health Department vaults at Lansing, where there are 10,000,000 vital records.

After making out the certificate (within five days after the birth), the physician sends it to a local registrar, who is the township, village or city clerk or full-time city health officer. The registrar makes two copies, keeping one, sending one to the county clerk, and forwarding the original to Lansing. Either the registrar or the county clerk may issue certified copies just as does the State Health Department.

NEW HEALTH UNITS

By action of their boards of supervisors, Washtenaw and Kalamazoo counties become the 64th and 65th counties in Michigan to provide full time health services.

In both instances, the new health departments will confront problems created or aggravated by national defense activities. Kalamazoo county shares the military-civilian problems of the Fort Custer area with Calhoun county, which has a full time health department. Washtenaw county's added health responsibilities come chiefly from industrial concentrations, especially the Ford airplane work under way at Ypsilanti.

Kalamazoo's new health unit will be the first city-county health department in Michigan. In eight counties, there are both city and county full-time health departments in operation, but the Kalamazoo department will be the first with a common director and the same services available to both city and rural residents. The director will be Dr. I. W. Brown, health officer of the city of Kalamazoo who has just returned from a year's public health study at Johns Hopkins.

Both the Washtenaw and Kalamazoo departments were established as of July 1. The director for the Washtenaw unit will be named later.

SMALLPOX AT PORT HURON

Port Huron's smallpox outbreak in April and May resulted in some thirty reported cases, most of them mild, and a wholesale vaccination of school children, of factory workers and of other adults.

Three physicians were engaged by Dr. A. L. Callery, who serves Port Huron as part-time city health officer, to assist in free vaccination clinics at the city's public and parochial schools. Ninety-five per cent of the children were vaccinated in school clinics, and many of the remainder went to family physicians for vaccination. In large industries, plant physicians vaccinated employes, and other adults were vaccinated without charge at the city health office and at the school clinics. Nearby schools and communities conducted vaccination programs also. There were many susceptible persons in the population, although vaccination had been preached for years at P.T.A. and other meetings and the St. Clair County Medical Society had established a low fee of $1.00 for immunizing procedures.

The first cases were diagnosed April 11, on Good Friday, in two school girls. The school vaccination clinics were completed in the latter part of May. On June 30, three new cases were reported, but apparently unconnected with others in the outbreak.

Most of the cases were mild, but at least one was serious. It was that of a 78-year-old man, who had what Dr. Callery characterized as "the kind of smallpox we used to see 35 years ago."

OBSTETRICS STUDIES OPEN TO FOUR

Open to practicing physicians in the state, four appointments will be made to the two-week course in obstetrics offered September 22 to October 4 at the University Hospital by the University of Michigan Department of Postgraduate Medicine and the Michigan Department of Health. Reservations should be sent now to Dr. Lillian R. Smith, director of the Bureau of Maternal and Child Health, Michigan Department of Health, Lansing. There is no fee for the course. In three years, more than 125 Michigan physicians have had the training of these postgraduate courses.

LESS MEASLES IN JUNE

Measles cases reported in June totaled 4,570, less than half the May total and apparently indicating a quick end to the 1941 epidemic. The total of reported cases through June was 68,492, about ten per cent under the six-month total in the epidemic years of 1935 and 1938. In those years the reported cases totaled 80,000 for 12 months.

COMMUNICABLE DISEASE REPORTS

Communicable disease reports of the Michigan Department of Health show that in the first five months of 1941, pneumonia, tuberculosis, diptheria and scarlet fever were at lower reported levels than in 1940.

Among the diseases showing increases were measles, whooping cough and smallpox. Through May, there were 81 reported cases of smallpox compared with 16 for the same period in 1940.

COUNTY AND PERSONAL ACTIVITIES

100 Per Cent Club for 1941

Allegan	Luce
Barry	Manistee
Clinton	Menominee
Delta-Schoolcraft	Muskegon
Dickinson-Iron	Oceana
Eaton	Ontonagon
Gogebic	Ottawa
Grand Traverse-Leelanau-Benzie	Saginaw
Huron	Saint Clair
Ingham	Saint Joseph
Jackson	Sanilac
Lapeer	Shiawassee
Lenawee	Tuscola
	Wexford-Missaukee

The above County Medical Societies have certified 1941 membership for all of their 1940 members. Several more societies are not on the 100 per cent roll because of only one delinquent member.

The following members of the Dickinson-Iron Medical Society attended the one-day clinic of the Wisconsin State Medical Society at Green Bay on April 30: W. H. Alexander, M.D., E. B. Andersen, M.D., W. H. Huron, M.D., and D. R. Smith, M.D.

Wm. A. Hyland, M.D., Grand Rapids, Chairman of the M.S.M.S. Cancer Control Committee, addressed the Regional Meeting of the Woman's Field Army for the Control of Cancer, in Battle Creek on June 20. His subject was "Cancer Control Legislation."

* * *

Members of the Michigan State Medical Society are cordially invited to attend the sessions of the Eighty-Ninth Annual Convention of the American Pharmaceutical Association which will be held in Detroit the week of August 17-23. Convention headquarters will be at the Hotel Statler.

* * *

Physicians who are in military service may wish to cancel their malpractice insurance for the period of their service. Call the local agent of the company with which you are insured for information. A refund of unearned premium from date of induction into service is being granted by some insurance companies and the same practice may be followed by others.

* * *

The Spring Meeting of the Michigan Pathological Society was held at Bronson Methodist Hospital, Kalamazoo, in June. Cases were presented by Drs. C. I. Owen, Hazel Prentice, C. A. Payne, Arthur Humphrey, D. H. Kaump, and D. C. Beaver on the subject "Pathology of Serous Membrane, Including Joints, Tendon Sheaths, Peritoneum, Pleura, and Pericardium."

The October meeting will be held at Receiving Hospital, Detroit, and will be a seminar type of meeting on some phase of central nervous system pathology with Dr. Gabriel Steiner conducting and interpreting.

Examination for appointments in the Medical Corps of the United States Navy will be held as follows: For Acting Assistant Surgeon for Interne Training: October 6 to 9, 1941, inclusive; January 5 to 9, 1942, inclusive. For Assistant Surgeon: October 6 to 9, 1941, inclusive, and January 5 to 9, 1942, inclusive. Examinations will be held at all the larger naval hospitals and at the Naval Medical Center, Washington, D. C. Applications for authorization to take the examination must be in the Bureau of Medicine and Surgery three weeks prior to the date of the examination. Write to the Bureau of Medicine and Surgery, Navy Department, Washington, D. C., for application forms.

MSMS

SUPPLEMENTARY ROSTER

The following members were certified to the Secretary of the Michigan State Medical Society after the roster which appeared in the May issue, and the supplementary rosters in the June and July issues of THE JOURNAL had gone to press:

Calhoun

Capron, M. J. ..... Battle Creek
Harris, R. H. ..... Battle Creek
McNair, L. N. ..... Albion

Delta-Schoolcraft

Tucker, A. R. ..... Manistique

Gogebic

Maccani, Wm. L. ..... Ironwood
Strong, Joseph M. ..... Wakefield

Kalamazoo

Snyder, R. F. ..... Kalamazoo

Kent

Balyeat, Gordon ..... Grand Rapids
Fellows, Kenneth ..... Grand Rapids
Hardy, Faith ..... Grand Rapids
VandenBerg, Henry ..... Grand Rapids
Wright, Thomas B. ..... Grand Rapids

Menominee

Corkill, C. C. ..... Menominee

Northern Michigan

Slade, H. G. ..... Onaway

Wayne County

Aldrich, E. Gordon ..... Detroit
Bauman, Walter L. ..... Detroit
Bergo, Howard L. ..... Detroit
Clarke, Daniel M. ..... Detroit
Clifford, T. P. ..... Detroit
Draves, Edward F. ..... Detroit
Edgar, Irving I. ..... Detroit
Edmonds, Wm. N. ..... Detroit
Ewing, C. H. ..... Detroit
Finn, Eva M. ..... Detroit
Gannan, Arthur M. ..... Detroit
Hulse, Warren L. ..... Detroit
Johnston, Charles G. ..... Detroit
Keating, Thomas F. ..... Detroit
Kennedy, Wm. Y. ..... Detroit
Kovan, Dennis D. ..... Detroit
Krass, Edward W. ..... Detroit
MacFarlane, Howard W. ..... Detroit
Moore, James A. ..... Detroit
Nosanchuk, Barney ..... Detroit
Roney, Eugene N. ..... Detroit
Schiller, A. E. ..... Detroit
Schulte, Carl H. ..... Detroit
Sellers, Graham ..... Detroit
Shipton, W. Harvey ..... Detroit
Stein, James R. ..... Detroit
Stocker, Harry ..... Detroit
Szlachetka, Vincent E. ..... Detroit
Thomas, Delma F. ..... Detroit
Thompson, H. E. ..... Detroit
Tichenor, E. D. ..... Detroit
Toepel, O. T. ..... Detroit
Van Nest, A. E. ..... Detroit
Warren, Benjamin H. ..... Grosse Pointe
West, Howard G. ..... Detroit
Williams, Mildred C. ..... Detroit

SELECTIVE SERVICE EXAMINATIONS

In any hastily conceived and rapidly carried out project of the magnitude of general conscription for military service, certain inadequacies of the machinery are prone to appear. That the accomplishments made to date should reflect more to the credit of the participants is perhaps obvious. The local examiner, an important participant, has too frequently found himself caught in the wake of a charitable act, damned for his alleged errors and receiving meager acknowledgement of his efforts.

Administrators of the Indiana Selective Service System have carried on their job in the face of regulatory restrictions too often ill-defined or distinctly ambiguous. They have needed and have received the services of Indiana physicians, and frequently they have tendered their grateful recognition.

The lay public has been prone to judge the results harshly; they are being led to believe that our men are soft and incapable of hardship, that our national standard of health has suffered tremendously since World War I, and furthermore, due to the discrepancy of results between the local examining boards and the induction centers, they tend to discredit the professional ability of the local doctor. So seriously has the public taken these examination results that more than one rejected conscript has found himself unable to secure industrial employment on his return home.

Increased information should be given the public so that they may better judge. They need to be informed that the Army of today requires a superior mental and physical specimen to that required in 1917, and they need further to be informed that rejection for military service need not disqualify any man for his usual job in his home surroundings.

As to the rejection of selectees at induction centers, certain statistics recently issued by Captain Glen Ward Lee, medical adviser to the Indiana Selective Service System, need wider distribution with appended explanatory notes.

From November 19, 1949, to April 19, 1941, Indiana induction centers received 14,193 selectees for examination. Rejections totaled 2,170 for a rate of 15.2%, which is comparable to other states of the Fifth Corps area. The rejections may be classified as follows:

1.	Mental and nervous disorders	18.96%
2.	Diseases of teeth and gums	15.75%
3.	Genito-urinary disease	12.32%
4.	Eyes and vision	10.03%
5.	Musculoskeletal	9.89%
6.	Ear, nose and throat	8.01%
7.	Hernia and abdominal organs	7.65%
8.	Cardiovascular	6.87%
9.	Feet	3.25%
10.	Lungs and chest	2.47%
11.	Skin defects	1.04%
12.	Height and weight	.95%
13.	Endocrine disorders	.67%
14.	Administrative*	1.04%
15.	Miscellaneous*	1.10%

*Under Administrative and Miscellaneous causes for rejection or deferment are included such causes as recent operation, recent injuries, or recent illness.

In the above rejections, it should be emphasized that many factors operated other than differences of professional interpretation. Doctors cannot be expected to solve dental regulations which have confused more than the occasional dentist. The addition of dentists to local examining boards is welcome help. The high rate of rejection for psychiatric reasons calls attention to the emphasis on this phase of induction examination. On behalf of the local examiner, it must be said that the form he uses does not bring this special type of

critical survey to the foreground. In regard to the genito-urinary disorders, it is no secret that acute infections have appeared subsequent to the local examination. It is noteworthy that those regulations well understood by the local examiner have resulted in a very low rate of rejection while those with contradictory interpretations have resulted in the major causes for rejection. It is inevitable that there be diverse interpretation of physical findings as medicine will never be an exact science.

We firmly believe that the local examiner is deserving of more credit for his voluntary patriotic service. That he is being irked by unwarranted criticism is not surprising. Though he has not yet arrived at the place of refusing his further services, it is easy to see how he might be provoked to this alternative.—From the *Journal of the Indiana State Medical Association,* June, 1941.

In Memoriam

Francis J. Diamond of Ravenna was born in Gladstone in 1899. He was graduated from Loyola University in 1927 and interned at the Illinois Masonic and the Chicago Polyclinic Hospitals. Doctor Diamond located in Gladstone with his father, John Alexander Diamond, M.D., and then moved to Grand Rapids where he served as resident physician at the Michigan Soldiers Home for one year. He had been located in Ravenna only one month when his sudden death occurred, June 21, 1941.

* * *

Alvin H. Rockwell of Kalamazoo was born in Allegan County, January 7, 1851. He was graduated from University of Michigan Medical School in 1883. He first located at Alba, where he practiced for a few months and then moved to Mancelona. In 1887 he organized the Northern Michigan Medical Society and was made its first president. At Mancelona he had his first experience in public health work acting as village health officer. In October, 1889, Doctor Rockwell moved to Kalamazoo where he was health officer for the city. In 1918 Dr. Rockwell became full-time Director of Public Health and Welfare, in which position he served until his resignation in 1932. He served as secretary of the Academy of Medicine of Kalamazoo County in 1899 and as president in 1909. In 1927 he was elected an Honorary Member of the Michigan State Medical Society and in 1935 was elected an Emeritus Member, and served as Councillor of the fourth district for twelve years. He died May 3, 1941.

* * *

Elwood D. Wilson of Cement City was born in 1870 and was graduated from Michigan College of Medicine and Surgery in 1897. He located in Bath and then moved to Fowlerville. In 1921 he located in Jackson and practiced there until he retired in 1940. Dr. Wilson died of burns caused by a high tension power line on his farm in Cement City on June 19, 1941.

CLASSIFIED ADVERTISING

RECOMMENDATIONS FOR ROUTINE EXAMINATION OF APPLICANTS FOR MARRIAGE CERTIFICATES

By The M.S.M.S. Syphilis Control Committee

Male

1. History
   A. Of syphilis or any suspicious lesion.
   B. Of urethral discharge.
2. Examination
   A. For skin or mucous membrane lesion. *If any genital lesion be present darkfield, direct or indirect, should be done at once.*
   B. Take blood for serodiagnosis. If genital lesion be present and Spirocheta pallida reported "not found" in darkfield, serologic follow-up to cover a period of at least six weeks.
   C. Strip urethra for possible discharge. If discharge be present, do not issue certificate until every effort has been made to ascertain possible presence of gonococci.
   D. Do two-glass urine test. If shreds are present in the first glass, macerate a shred upon a slide and obtain examination for gonococci.
   E. If past history of urethral discharge, do microscopic examination of fresh prostatic fluid for pus. If pus be present, give provocative tests.

Female

1. History
   A. Of syphilis or any suspicious cutaneous lesions.
   B. Of vaginal discharge.
2. Examination
   A. For skin or mucous membrane lesion. Make darkfield examination of any such suspicious lesion.
   B. Obtain blood for serodiagnosis. If suspicious lesion be present and Spirocheta pallida reported "not found" in darkfield, serologic follow-up to cover a period of at least six weeks.
   C. Examination of introitus to determine whether or not hymen is intact.
   D. If intact, take vaginal and URETHRAL smear for examination for gonococci.
   E. If perforate, make examination with speculum and take cervical and URETHRAL smears for such examination.

NOTE: If pus is found in the cervical smear at least four smears should be repeated at daily intervals during which no douches are taken. All of these smears should fail to demonstrate gonococci before a certificate is issued. Smears should be taken even if Trichomonas is demonstrated.

The outline above may under ordinary circumstances seem formidable to the average physician but in fact few cases will require follow-up examinations.

Since several instances have occurred in which the examining physician had certified the applicant, only to have either gonorrhea or syphilis develop in the marital partner subsequently, it has been suggested that this recommended outline be followed.

The history, as outlined in the case of both male and female, may be obtained with a minimum of time. The examination may be made briefly but should be made thoroughly. It take no time to strip a male urethra and practically none to require the male applicant to void in two glasses. The examination of the prostatic fluid is probably not necessary unless a history of previous gonorrhea is obtained, in which case it should be done. The same principles apply to the female.

It must not be taken for granted that the female may not be or ever have been infected with gonorrhea.

As several questions have been raised since the

enactment of the law requiring certification for marriage regarding the attitude of physicians with relation to this law, publication of the outline was requested in THE JOURNAL by the Committee on Syphilis Control of your State Society.

Equitable fees should be charged and if repeated examinations are necessary it is reasonable that the applicant should meet the expense involved to the examining physician. However, it has been repeatedly called to the attention of your committee that exorbitant fees have been levied for the mere taking of blood and this would appear unjustifiable and unwise from the viewpoint of the profession as a whole. Certainly it is not within the province of this committee to suggest or fix the fee to be charged. A bill to fix the fee for the examination was introduced in the state legislature and fortunately was defeated.

It is suggested that since most of these potential new families will in all probability become permanent patients of the examining physician, and since the average marriage applicant is not in the higher income brackets, that the good will principle in this matter contributing to human happiness and the establishment of a new social unit be considered.

Your committee is at all times open to suggestion and sincerely hopes that you will communicate with it either through the offices of the Michigan State Medical Soceity or through the office of the chairman.

ARTHUR WOODBURNE, *Chairman*
HAROLD R. ROEHM
LOREN W. SHAFFER
ROBERT S. BREAKEY
EUGENE V. HAND
J. W. RICE

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NOTICE TO COUNTY SOCIETY SECRETARIES

Honorary, Retired, and Emeritus Membership in the Michigan State Medical Society: Please certify to the Executive Office, 2020 Olds Tower, Lansing, no later than August 26, the names of any members for whom Special Memberships in the State Society will be sought next September. The membership records of physicians recommended by county societies for special memberships must be checked before final submission to the House of Delegates.

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THE DOCTOR'S LIBRARY

Acknowledgment of all books received will be made in this column and this will be deemed by us as a full compensation of those sending them. A selection will be made for review, as expedient.

ACCIDENTAL INJURIES. The Medico-Legal Aspects of Workmen's Compensation and Public Liability. By Henry H. Kessler, M.D., Ph.D., F.A.C.S., Medical Director, New Jersey Rehabilitation Clinic; Formerly Medical Advisor, New Jersey Workmen's Compensation Bureau; Attending Orthopaedic Surgeon, Newark City Hospital, Newark Beth Israel Hospital, Etc. Hasbruck Heights Hospital, Hospital and Home for Crippled Children; Member, Council of Industrial Health of the American Medical Association; Hunterian Lecturer, 1935; Fellow of American Public Health Association; Diplomate of American Board of Orthopaedic Surgery; Fellow of American Academy of Orthopaedic Surgeons. Second edition, enlarged and thoroughly revised. Philadelphia: Lea & Febiger, 1941. Price: $10.00.

This book discusses the medico-legal aspects of accidental injuries and is principally for the use of physicians as well as other agencies. The author reviews practically every disabling condition which occurs as a result of accident, and after listing the mechanics and the prognosis goes into considerable detail regarding the percentage of disability which results from that particular injury. It is recommended for all medical and social agencies interested in industrial health.

* * *

ESSENTIALS OF ENDOCRINOLOGY. By Arthur Grollman, Ph.D., M.D., Associate Professor of Pharmacology and Experimental Therapeutics in the Medical School of the Johns Hopkins University; Formerly Associate Professor of Physiology and Instructor in Chemistry in the Same Institution. 74 Illustrations. Philadelphia, London, Montreal: J. B. Lippincott Company, 1941. Price: $6.00.

The author presents, in this monograph, a critical evaluation of his subject. He has succeeded in making clear the practical application of the present-day knowledge of the subject without sacrificing the laboratory phase to any great degree. It is recommended for those who seek a more intensive knowledge of endocrinology.

* * *

SYNOPSIS OF DISEASES OF THE HEART AND ARTERIES. By George R. Herrmann, M.S., M.D., Ph.D., F.A.C.P., Professor of Medicine, University of Texas; Director of the Cardiovascular Service, John Sealy Hospital; Consultant in Vascular Diseases, U. S. Marine Hospital. Second edition. St. Louis: The C. V. Mosby Company, 1941. Price: $5.00.

This is the second edition of a volume first published in 1936, adding to the previous edition numerous advances and discoveries of the past five years. For a handy-sized book it is exceptionally complete and well illustrated. A new chapter which discusses the examination of the heart for military service is practical and interesting.

* * *

FRACTURES AND OTHER BONE AND JOINT INJURIES. By R. Watson-Jones, B.Sc., M.Ch.Ortho., F.R.C.S. Civilian Consultant in Orthopaedic Surgery of the Royal Air Force. Member of War Wounds Committee of Medical Research Council. Member of British Medical Association Committee on Fractures. Member of Council and Chairman of Standing Committee on Fractures of the British Orthopeadic Association. Lecturer in Orthopaedic Pathology, Lecturer in Clinical Orthopaedic Surgery, and Secretary of the Board of Orthopaedic Studies, University of Liverpool. Neurological Surgeon to Special Head and Spinal Centre, Emergency Medical Service. Honorary Orthopaedic Surgeon, Royal Liverpool United Hospital (Royal Infirmary). Visiting Surgeon, Robert Jones & Agnes Hunt Orthopaedic Hospital. Consulting Orthopaedic Surgeon, Royal Lancaster Infirmary, North Wales Sanatorium, Birkenhead, Hoylake & West Kirby, Wrexham & East Denbighshire, and Garston Hospitals. Second edition. A William Wood Book. Baltimore: The Williams & Wilkins Company, 1941. Price: $13.50.

This is the second edition of a volume first published a year ago. The changes in accepted treatment both of infected fractures and war wounds has necessitated rewriting this entire chapter and, of course, recent other

developments in chemotherapy and transfusion have brought considerable change in many parts of this book. It is an English type of book with profuse illustrations and considerable thoroughness. The chapter referred to above on "Open and Infected Fractures and War Wounds" is well worth reading by every general practitioner. And to the man interested in fractures the text should be of much value.

* * *

AN INTRODUCTION TO MEDICAL SCIENCE. By William Boyd, M.D., M.R.C.P. (Edin.), F.R.C.P. (Lond.), Dipl. Psych., F.R.S. (Canada); Professor of Pathology and Bacteriology in the University of Toronto, Toronto; Formerly Professor of Pathology in the University of Manitoba; Pathologist to the Winnipeg General Hospital, Winnipeg, Canada. Second edition, thoroughly revised. Illustrated with 124 engravings. Philadelphia: Lea & Febiger, 1941. Price: $3.50.

This is a textbook intended for nurses written from the standpoint of the basic sciences. It is the type of presentation which makes the orientation of the student nurse much more complete than the usual textbook can. The medical treatment is not emphasized but the part that nursing care plays is completely presented. This volume is recommended to the teaching of nurses and for those who must have some knowledge of medicine without a complete study of the basic sciences.

* * *

*MODERN SEROLOGICAL TESTS FOR SYPHILIS. And Their Interpretation by the Physician

This booklet is a timely review in detail of the various serological tests on the blood and spinal fluid for syphilis. Of special interest to the student and laboratory physician is the technique used in the various complement fixation and flocculation tests; and the comparison of the accuracy and specificity of these tests. Any physician interested in syphilis will profit from a study of the portion dealing with the interpretation of the tests in diagnosis, treatment and prognosis. The discussion of the false positive and false negatives and their causes and the discussion about the sero-resistant cases is of interest to all physicians.

* * *

*THE NEWER CHEMOTHERAPY OF VENEREAL DISEASES.

1. Treatment of Gonorrhea with Sulfanilamides and Related Drugs. By H. S. Young, M.D.; H. C. Harill, M.D.; J. H. Semans, M.D., and O. S. Culp, M.D.
2. Sulfapyradine in the Treatment of Gonococcal Infections. By R. A. Wolcott, M.D.; J. F. Machoney, M.D., and C. J. Van Slyke, M.D.
3. Value of Sulanilamide in Gonorrheal Arthritis. By O. S. Culp, M.D., and H. S. Young, M.D.
4. Venereal Lymphogranuloma. Results of Sulfanilamide Therapy. By W. E. Graham, M.D., and E. W. Norris, M.D.
5. Treatment of Venereal Lymphogranuloma with Sulfanilamide. By A. W. Grace, M.D., and F. H. Suskind, M.S.
6. Sulfanilamide Treatment of Chanchroid. By O. S. Culp, M.D., and C. E. Burkland, M.D.

Sulfathiazole, sulfapyradine, and sulfanilamide are, in the order given, of great value in the treatment of gonorrhea. Sulfathiazole is the best because of its low toxicity and its marked bactericidal and bacteriostatic effect in the urine. It often is able to cure in cases resistant to the other two drugs. Sulfapyradine is of value in those cases resistant to sulfanilamide and also in fresh cases. It was found to be as efficacious in chronic cases as in acute ones. Of twenty-two hospital cases with gonorrheal arthritis 68 per cent were cured or markedly improved with sulfanilamide therapy. The results were more striking in the acute cases.

Sulfanilamide is of value in all types of venereal lymphogranuloma. Surgery in this disease should be limited to opening the fluctuant buboe and to relief of rectal stricture.

Sulfanilamide is a rapid and efficacious method of treating complicated and uncomplicated chancroid.

*These booklets are available without charge to all members of the Michigan State Medical Society by request to Dr. Gibson, Michigan Department of Public Health, Lansing, Michigan.

LETTERS TO THE EDITOR

Editor, Journal Mich. State Med. Society.
My dear Sir:

Although it is somewhat early, we want to start talking about our big book for November, THE DOCTORS MAYO.

"The Mayos" is a household word the country over—the Mayo story an American epic which has not been told. Everyone has heard of Dr. Will and Dr. Charlie, but the phenomenon of their achievement, the small town clinic that grew to international fame, has been little understood. The modesty of the men and their strict conformity to medical ethics discouraged publicity, and no one was able to publish the story during their lifetime.

That it would have to be told sometime was inevitable. During their lifetime neither the Doctors Mayo nor any of their staff could be brought to undertake it. In the end, in order to divest themselves of any connection with it, they authorized the University of Minnesota to publish, through the University of Minnesota Press, a book on the history of the Doctors Mayo, the Mayo Clinic, and the Mayo Foundation. The responsibility then fell on the university to produce an objective and balanced account of the contribution of the Mayos and of their colleagues throughout the world, to medical science and education.

Full-time exploratory work in Rochester was begun immediately. Research, interviews, and the accumulation of source material have been carried on intensively and continuously for nearly five years. Complete coöperation has been extended to the university, but the book now to be published is an independent study, written by H. B. Clapesattle, a trained historian and chief editor of the University of Minnesota Press.

The results have been beyond even our greatest hopes. In Rochester has been uncovered a rich vein of Americana. It is at once the story of the frontier and of a century of medicine in this country, from the days when hospital patients were nursed by jailbirds to the current era of aviation medicine. It is the story of how the Old Doctor Mayo, himself a social and medical pioneer, passed on to his two sons a passion to learn from everyone and everything, and how they passed it on to their colleagues till it became the living spirit of a great institution. The author has brought all these elements into focus in an important human drama of unequaled interest.

We thought you would like to know that this book is scheduled for November seventeenth and that you will have further word about it later.

Sincerely yours,
DOROTHY A. BENNETT
Sales and Promotion Manager

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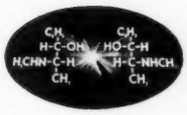

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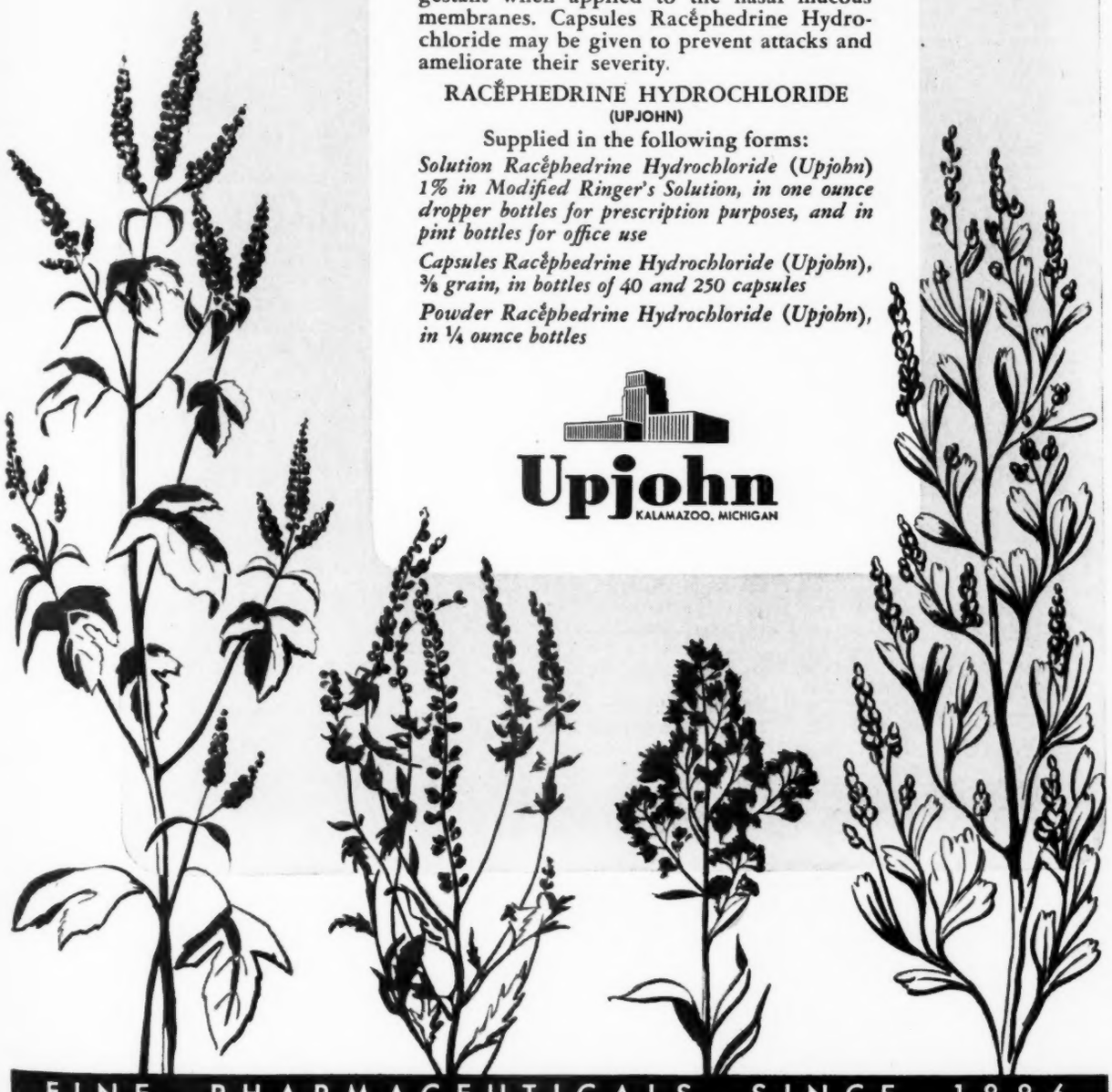

FINE PHARMACEUTICALS SINCE 1886

THE JOURNAL

OF THE

Michigan State Medical Society

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*Arch. of Ped.—56: Nov. 1939; Med. Record—Aug. 21, 1940; Med. Record—150:1:1939; Arch. of Ped. 57:448 (July) 1940; Med. Record—149: Jan. 1939; Surgery—6:1:1939.

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*Deceased May 14, 1941

MICHIGAN MEDICAL SERVICE

Each month THE JOURNAL has carried an article, and a number of bulletins have been mailed directly to doctors, setting forth interesting data about Michigan Medical Service. A résumé of some of the most important points which have come up for frequent discussion is as follows:

Medical Control and Responsibility

• The House of Delegates of the Michigan State Medical Society adopted the basic principle that the prepayment plan to be sponsored by the medical profession should not be another commercial insurance cash indemnity arrangement but should be a direct service program.

* * *

• Accordingly, Michigan Medical Service was so organized that the medical profession has full control of the administration of the program in return for putting up their services as a reserve guarantee to subscribers.

Payments for Services

• The general level of the payments to doctors for services to subscribers was outlined by The Council and ratified by the House of Delegates of the Michigan State Medical Society.

* * *

• A Schedule of Benefits in keeping with this general level of payments, which is equivalent to the prevailing charge by doctors in Michigan for persons whose income ranges from $1,500 to $1,700 annually, was carefully set up through the coöperation of numerous committees in the various fields of practice.

* * *

• This Schedule is used as a guide for the authorization of payments by the Medical Advisory Boards, but the payment authorized takes into consideration the particular services as set forth in the doctor's Monthly Service Report.

Experience to Date

• In the short space of sixteen months of operation, the medical service plan has accumulated an immense amount of valuable data for the benefit of the private practice of medicine.

* * *

• Committees from medical societies in twenty-two states and Brazil have come to Michigan for help in connection with establishing medical service programs to combat the forces seeking to disrupt the private practice of medicine.

* * *

• Increased good will of the public, the newspapers, of industry, and of the legislature has been gained for the medical profession through the medical service plan.

(Continued on Page 674)

MICHIGAN MEDICAL SERVICE REGISTRATION HONOR ROLL
(As of August 10, 1941)

100 per cent

Manistee
Mason
Mecosta-Osceola-Lake
Menominee

90 to 99 per cent

Bay-Arenac-Iosco
Calhoun
Gogebic
Grand Traverse-Leelanau- Benzie
Marquette-Alger
Oceana
St. Joseph

80 to 89 per cent

Allegan
Barry
Branch
Chippewa-Mackinac
Delta-Schoolcraft
Dickinson-Iron
Eaton
Gratiot-Isabella-Clare
Hillsdale
Houghton-Baraga-Keweenaw
Huron
Ingham
Ionia-Montcalm
Kalamazoo
Kent
Lenawee
Livingston
Midland
Muskegon
Newaygo
Northern Michigan
Ontonagon
Ottawa
Saginaw
Tuscola
Wexford-Missaukee

75 to 79 per cent

Jackson
Macomb
Monroe
North Central Counties
Oakland
Wayne

(Continued from Page 672)

• Groups of subscribers have been enrolled in thirty-eight of the fifty-five county medical society areas. Each group of subscribers enrolled requires at least five months before preëxisting conditions are corrected. *During this period, two to three times more services are received by subscribers than by persons in the general public.*

* * *

• Remuneration for services under Michigan Medical Service is particularly advantageous in situations such as the following:

Accident cases where no payment for services would be available.

Where services have been rendered for years with no possibility of collecting any charge.

For services rendered to patients who move out of the state.

Patients who die and leave no estate.

Patients who would ordinarily receive care as medical indigents.

Late Reporting

• To overcome late reporting of services, it has been provided that reports must be received within ninety days from the month of service to be eligible for payment.

* * *

• For the months of April, May, and June, benefits have been prorated or tentatively reduced 20 per cent until a final determination can be made of the total volume of services for these months.

* * *

• It is absolutely essential that the Initial Service Report be sent by the doctor to Michigan Medical Service when the subscriber first requests services for each illness. This report enables prompt verification and the sending of a notice to the doctor if the subscriber is not eligible for benefits. Likewise, the Initial Service Report permits the setting up of records and speedier payment on Monthly Service Reports.

* * *

• Monthly Service Reports should be sent not later than the tenth of the following month for services rendered each month.

Remember—reports received later than ninety days from the month of services can not be authorized for payment.

Coöperation of Doctors

• The number of doctors registered with Michigan Medical Service has increased each month until now over 3,600 doctors are participating. The distribution of participating doctors according to county location and type of practice compares very closely with the distribution of doctors in Michigan.

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL REUNION

The second triennial reunion for alumni of the University of Michigan Medical School and former Staff members and house officers of the University Hospital will be held in Ann Arbor on October 2, 3 and 4. Faculty members who will participate in the scientific program are Drs. John Alexander, Carl E. Badgley, Frederick A. Coller, Howard B. Lewis, Charles F. McKhann, Norman F. Miller, Louis H. Newburgh, Malcolm H. Soule, Cyrus C. Sturgis, Carl V. Weller, and Udo J. Wile. Alumni speakers and their topics are as follows: Dr. William L. Benedict, Professor of Ophthalmology at the University of Minnesota Graduate School of Medicine and Ophthalmologist at the Mayo Clinic: Diagnosis and Treatment of Glaucoma; Dr. Detlev W. Bronk, Professor of Biophysics and Director of the Johnson Research Foundation, University of Pennsylvania School of Medicine: Physiological Frontiers in the Medical and Social Sciences; Dr. Charles L. Brown, Professor of Medicine, Temple University School of Medicine: Clinical Aspects of Osteoporosis; Dr. George W. Curtis, Professor of Surgery, Ohio State University College of Medicine: The Determination of the Circulating Thyroid Hormone; Dr. Joseph R. Darnell, Lieutenant Colonel, Medical Corps, United States Army, Office of the Surgeon General: Concerning Army Medical Service; Dr. Harold K. Faber, Professor of Pediatrics, Stanford University School of Medicine; Portals of Entry in Poliomyelitis; Dr. Tinsley R. Harrison, Professor of Medicine, Bowman Gray School of Medicine of Wake Forest College: Spontaneous Hypoglycemia as a Factor in the Production of Cardiovascular Symptoms; Dr. Lyle B. Kingery, Professor of Dermatology and Syphilology, University of Oregon Medical School: The Significance of Pruritus in General Medicine; Dr. Perrin H. Long, Professor of Preventive Medicine, Johns Hopkins University School of Medicine: Recent Aspects of Bacterial Chemotherapy; Dr. Robert T. Monroe, Peter Bent Brigham Hospital, Boston: Old Age; Dr. Walter M. Simpson, Pathologist, Miami Valley Hospital, Dayton, Ohio: New Developments in the Diagnosis and Treatment of Brucellosis; Dr. Warren T. Vaughan, Richmond, Virginia: The Allergic Factor in Certain Dermatoses.

———MSMS———

There will be 110 technical and scientific exhibits at the Annual Meeting of the Michigan State Medical Society at Grand Rapids, September 17, 18, and 19.

———MSMS———

The Sections are making a special endeavor this year to present most entertaining and practical presentations at the Annual Meeting of the Michigan State Medical Society, September 17, 18, and 19 at Grand Rapids.

KARO FORMULAS FOR PREMATURE AND DEBILITATED INFANTS

DILUTE MIXTURES

Evaporated milk..... 4 ozs.
Water, boiled.....12 ozs.
Karo..... 1 tbs.
2 ozs. every 3 hrs. for 8 feedings

Lactic Acid milk (dried) 5 tbs.
Water, boiled.....16 ozs.
Karo.....1½ tbs.
2 ozs. every 3 hrs. for 8 feedings

CONCENTRATED MIXTURES

Breast milk.....12 ozs.
Evaporated milk..... 4 ozs.
Karo..... 1 tbs.
2 ozs. every 3 hrs. for 8 feedings

Lactic Acid milk (2%)..16 ozs.
Karo..... 2 tbs.
2 ozs. every 3 hrs. for 8 feedings

FEEDING PROGRESS

Days of Age	Drams at Each Feeding	Ounces of Feeding per 24 Hrs.
1	1	1
2	2	2
3	4	4
4	6	6
5	8	8
6	10	10
7	12	12

(8 drams = 1 ounce)

Premature usually thrive on Karo formulas

"MOST of the common milk mixtures have been used at various times with some degree of success —evaporated, acid and dried milks, and butter-flour mixtures. Those high in protein and carbohydrate and low in fat are the most suitable in concentrated formulas properly adapted to the limited digestive capacity of the premature. While lactic-acid milk with addition of 7 to 10 per cent by volume of Karo syrup yields twenty-five to thirty calories per ounce, evaporated milk with 5 to 10 per cent added Karo syrup is equally effective.

Processed or acid milks are advantageous because of the fine curds produced, the premature being particularly susceptible to curd indigestion. Nonfermentable carbohydrate in quantities similar to those used in normal feeding of infants may be added to any of these milks. The formula may be concentrated by decreasing the water, or adding powdered protein milk in place of extra amounts of sugar."

KUGELMASS: "*Newer Nutrition in Pediatric Practice.*"

CORN PRODUCTS SALES COMPANY

17 Battery Place, New York City

✶ HALF A CENTURY AGO ✶

GALL STONES—A NEWER PLAN OF TREATMENT*

J. R. Williams, M.D.

White Pigeon, Michigan

The subject to which I invite your attention is that of gall stones. I shall not attempt an exhaustive article upon this very important, and to me, deeply interesting subject, but simply touch upon such features in the diagnosis and treatment as are of practical importance in the daily work of the busy practictioner, and present a plan of treatment superior, I think, in every way to the treatment usually prescribed. The symptoms of this painful disease are: first, an uneasy sensation, nausea, and pain located in the right hypochondriac and lower part of the epigastric region; persistent vomiting. The vomited matter that at first consisted of the partially digested food, soon changes to a glazy mucus, and often there may appear bilious matter, the contents of the gall bladder liberated by the passage of the stone into the duodenum.

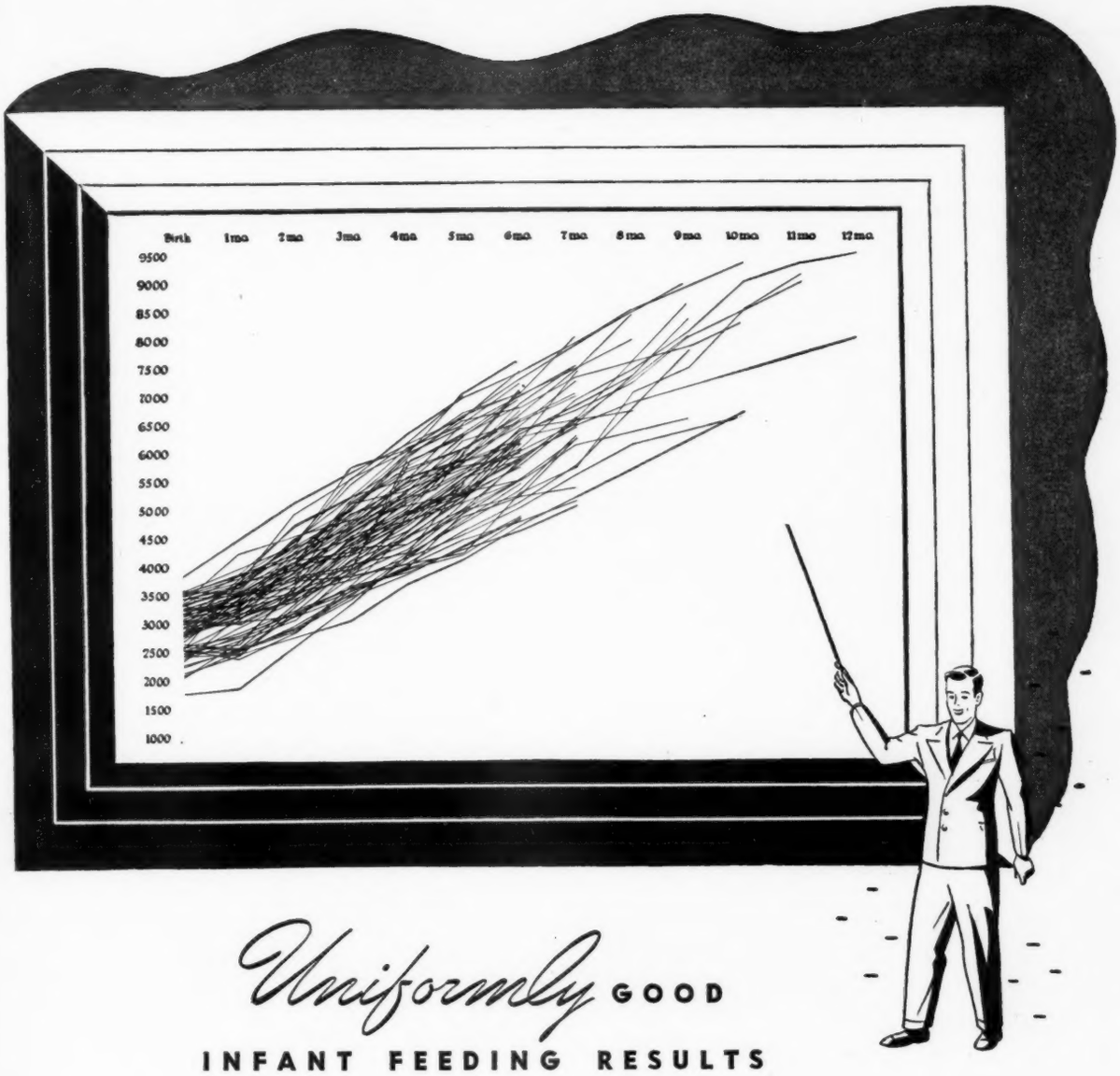
There is usually constipation and the abdomen is frequently distended by gas, which makes its escape when a movement of the bowels takes place. Jaundice is present in the majority of cases and its extent depends upon the degree of obstruction, though there may be no jaundice—as when the obstruction is in the cystic duct—and when all the symptoms of gall stones are present except that of jaundice, which afterward appears, it is evident that the stone has changed its position from the cystic to the common bile duct. Many cases are recorded in which the stone, after its escape from the bile ducts, finds lodgment in the bowels. Of course this can occur only when the stone is very large. The only disorder, with which an attack of hepatic colic may be confounded, is gastralgia. But here the distinction is made by the seat of pain, by the absence of jaundice, and the failure to find concretions in the stools.

And here let me call your attention to the fact that in all cases presenting symptoms of bilious colic, the stools should be examined. A white cloth should be laid on the ground, the stool emptied upon it, and washed with water. I well remember a case presenting all the symptoms of gall stones to which I was called. The patient informed me that the present was not her first attack, but when I diagnosed the case to be gall stones, she stoutly maintained that such could not be the case, as in this as well as former attacks the pain was induced by eating mutton. I informed her of the nature of her disease, prescribed appropriate remedies, and the result was the finding of a large number of gall stones in the stool, greatly to my satisfaction and the relief of my patient. And now, satisfied of the symptoms, what treatment shall we prescribe? Gall stones, as we are all aware, are composed largely of cholesterin, but in normal bile cholesterin is an ingredient of small percentage. Therefore, before gall stones can be formed, the bile must become greatly changed. Its physical conditions are of less importance than its chemical. There must be an accumulation of bile in the gall bladder—stasis—and concentration. These conditions are essential to calculus formation. Now, what brings about this change in the bile? I am satisfied that this disease has its origin in a duodenal catarrh, swelling and pressure upon the duct so closing the duct that the contents of the gall bladder cannot find exit. The bile becomes concentrated and stones are formed. Now, what treatment shall we prescribe? The old treatment consisted of four rules: (1) Open the bowels. (2) Relieve the pain. (3) Prevent inflammation. (4) Prevent future attacks. Until recently the treatment consisted wholly of antispasmodic antacids and cathartics, and frequent calls to attend the same patient were the result. Finally, olive oil was introduced to the profession as nearly a specific, and certainly many wonderful cures followed its use, the modus operandi of which no one has discovered. Yet even olive oil sometimes fails. The treatment I propose has certainly proved to be, at least in my hands, an improvement on all former treatment. I cannot say that it will be successful in all cases, but so far as it has been tried, it was a success. When called upon to visit a patient suffering with bilious colic where gall stones are suspected, I first give morphine by hypodermic injection, until I have the pain under control. As soon as my patient is easy, I give Bower's or other refined glycerine in doses of one ounce every two hours until free movement of the bowels takes place. The result of the internal administration of glycerine is a copious evacuation, the stools frequently containing gall stones and inspissated bile. I am satisfied that the use of glycerine in these cases, acts in the same manner as when given per rectum or vagina, and who, that have used glycerine in this way, have not been surprised at the amount of watery flow that takes place? I believe that glycerine depletes the duodenal mucus and thus liberates the duct that is pressed upon.

I believe that in glycerine we have a remedy for this disease, sure and painless. There are other reasons that might be given why this remedy acts as it does, but to me none look so reasonable as the one I have given.

I thank you, gentlemen, for the time I have taken. I sincerely hope that you will give this subject your consideration—the consideration it deserves.

*Presented at the twenty-sixth annual meeting of the Michigan State Medical Society held at Saginaw, June, 1891.



Uniformly GOOD

INFANT FEEDING RESULTS

The weight curves above show the normal, uneventful progress of 75 infants fed Similac for six months or longer — not a select group, but 75 *consecutive* cases. In no instance was it necessary to change the feeding because of gastro-intestinal upset. These curves were taken from hospital (name on request) records. Similarly good results are constantly being obtained in the practice of the many physicians who prescribe Similac routinely for infants deprived, either wholly or in part, of mother's milk.

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, vegetable oils and cod liver oil concentrate.

SIMILAC } SIMILAR TO BREAST MILK

M&R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO

A SHORT SKETCH OF HENEAGE GIBBES

By an old Friend

After reading a reprint of a paper on tuberculosis that appeared in THE JOURNAL, I was reminded of several incidents of my meetings with this really remarkable man, Heneage Gibbes.

His life, mannerisms, training and teaching presented a mixture of London Cockney and Aberdeen stubbornness which we of Aberdonian blood can swear is an awful combination.

Doctor Gibbes was born in Somerset, England, the son of a minister and grandson of a noted physician who had been physician to Queen Charlotte.

Mr. Gibbes decided that his son should study for the ministry but the young man rebelled and at fourteen set sail on a vessel bound for the East Indies. He was captain of the ship at the age of twenty-one.

His stories of his early life were interesting to me and intriguing. His ship was involved in the Opium War between the British and Orientals. Very valuable cargoes of the pearl fishermen had to be protected on his ship from many pirates. Shipwrecks were not uncommon and on one occasion Captain Gibbes was stranded along the Chinese coast on a pirate island but managed to escape. Once he decided to fight it out with a pirate ship. The Captain was fond of hunting and a good shot so he had his Coolie sailors reload the two guns and took particular pains to get the wheelman of the pirate ship—and the wheelman was a very necessary adjunct to any ship.

He finally returned home, finished his preliminary studies from private tutors, and in 1879 he received his M.B. and C.M. from the University of Aberdeen. Shortly afterwards he received his F.R.C.P. in London.

Doctor Gibbes became Curator of the Anatomical Museum of King's College and also served on hospital staffs. He had been a student of Dr. Klein, and being well qualified as a histologist, Dr. Klein and he were sent to the British Government to make a study of Asiatic Cholera in 1884.

I had the fortune to take a special course in Pathology from him and he was a fine teacher. Pathology was a comparatively new subject and here was a man who claimed much for it. To test him out some wags from Ann Arbor and Detroit concocted a scheme and sent him a tissue specimen from a pig's tail requesting a report. Lo and Behold! in a few days the unexpected report came to hand with the notation, "It is animal tissue, and not pathological, and it is from an extremity." Did he know his pathology, and how he did his "tail" unfold.

For a number of years Dr. Ernest L. Shurly and Dr. Gibbes made exhaustive studies of tuberculosis as the older journals of the state medical society will show.

At one time Dr. Gibbes wrote several articles for a Chicago medical journal but I am unable to trace the name of the journal. One of the papers on drowning told how it feels to go down for a third time as he had on two occasions.

Shortly before the death of Doctor Gibbes, I spent a very pleasant afternoon with him in his home at McAllister, Oklahoma, and it was only then I learned that beneath a Scottish-Cockney exterior was a charming character, subdued, cultured, sympathetic, companionable and inspiring. I looked forward to other visits with the Doctor, but a short time after my first visit the Doctor passed away.

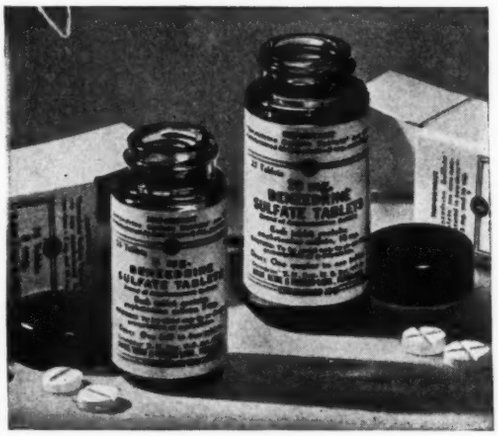
He died in July, 1912.

If you want a really manly man
Try an honest, cultured, rugged man
With a heart of gold beneath his ribs.
For such a man was Heneage Gibbes.

WEELUM

WILLIAM FOWLER, M.D., F.A.C.S.

As an Adjunct in the Treatment of ALCOHOLISM



ONE of the newest and most interesting uses for which Benzedrine Sulfate has been accepted by the Council on Pharmacy and Chemistry of the A. M. A. is as an adjunct in the treatment of chronic alcoholism and also in alcoholic psychoses, although best results are reported in states of intoxication in which no psychosis is demonstrable. The articles listed below represent the most comprehensive work which has been done to date in this field.

Reifenstein, E. C. Jr. and Davidoff, E.: **The Treatment of Alcoholic Psychoses with Benzedrine Sulfate**—J. A. M. A., 110:1811, 1938.

Reifenstein, E. C. Jr. and Davidoff, E.: **The Use of Amphetamine (Benzedrine) Sulfate in Alcoholism With and Without Psychosis**—N. Y. State Med. J., 40:247, 1940.

Bloomberg, W.: **Treatment of Chronic Alcoholism with Amphetamine (Benzedrine) Sulfate**—New Eng. J. of Med., 220:129, 1939.[1]

[1] *Since this report, Bloomberg has enlarged his series to 60 cases which he reported on Dec. 28, 1940, at the annual meeting of the American Association for the Advancement of Science in Philadelphia. His results in this larger series were substantially the same as those in his original report.*

ADMINISTRATION

Initial dosage should be small (2.5 to 5 mg.) and should be increased progressively until the desired effect is obtained.

IN CHRONIC ALCOHOLISM

the normal dosage used by Bloomberg was 20 mg. daily, one-half of the dose on rising and the other half at noon, but this was often adjusted to meet the requirements of the individual patient.

IN ALCOHOLIC PSYCHOSES

the normal dosage used by Davidoff and Reifenstein in institutionalized patients was 20 to 30 mg. orally or intravenously* in a single dose.

IMPORTANT! In prescribing Benzedrine Sulfate Tablets, please be sure to specify the tablet-size desired—either *5 mg.* or *10 mg.*

*Physicians wishing to use Benzedrine Sulfate Ampules may obtain them on direct order from us.

Benzedrine Sulfate Tablets

Brand of amphetamine sulfate

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

Q. I've heard that milk is a fine source of calcium. But what about canned milk?

A. Canned milk is an excellent source. In fact, canned milk, diluted with an equal amount of water, supplies the same amount of calcium and other minerals as whole, fresh milk. In addition, it is a valuable source of protein, fat and carbohydrate, vitamin A and the factor formerly designated as vitamin G (riboflavin). (1)

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(1) 1940. Am. J. Pub. Health 30, 169.
1939. Food and Life, Yearbook of Agriculture, U. S. Dept. Agr., U. S. Government Printing Office, Washington, D. C., page 276.
1939. Accepted Foods and their Nutritional Significance, Council on Foods of the American Medical Association, Chicago, page 236.
1934. Am. J. Pub. Health 24, 194.

The Seal of Acceptance denotes that the nutritional statements in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

AMERICAN CAN COMPANY
230 Park Avenue, New York, N. Y.

Highly practical FOR INFANTS *and* CHILDREN

● Incorporating the daily dose of vitamin D in milk removes some difficulties in administration. The mother need only add the prescribed dose to the daily ration of milk. Moreover, biologic and clinical investigations have shown that when vitamin D is thoroughly diffused in milk smaller doses may suffice for the prevention and cure of rickets.

Drisdol in Propylene Glycol makes it possible to secure the benefits obtainable from combining vitamin D with the daily milk ration. Unlike oily preparations, Drisdol in Propylene Glycol diffuses readily in milk and when well diluted imparts no taste nor odor.

WINTHROP

HOW SUPPLIED:

Drisdol in Propylene Glycol — 10,000 U.S.P. units per gram—is available in bottles containing 5 cc. and 50 cc. A special dropper delivering 250 U.S.P. vitamin D units per drop is supplied with each bottle.

Drisdol

Reg. U. S. Pat. Off. & Canada

Brand of CRYSTALLINE VITAMIN D from ergosterol

ACCEPTED AMERICAN MEDICAL ASSN.

IN PROPYLENE GLYCOL

Winthrop Chemical Company, Inc.

Pharmaceuticals of merit for the physician

NEW YORK, N. Y. **WINDSOR, ONT.**

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Formula for a Square Meal

FROM BIRTH THROUGH BOTTLE FEEDING

A Liberal protein content

B An adjusted protein (added gelatin)

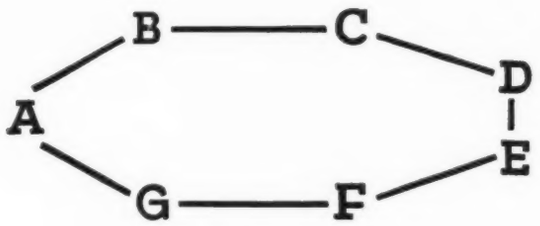
C An adjusted fat

D Two added sugars

E Added vitamin B complex

F 4 times as much iron as cows' milk

G Not less than 400 units of vitamin D per quart



Baker's MODIFIED MILK

Like a good "meat-and-potatoes" meal set before a hard-working man, Baker's MODIFIED MILK satisfies the urgent demands of the growing infant. It's a sustaining food - doing its hearty share of building tissue, forming bone, producing energy. Fortified at seven strategic points, Baker's offers extra quantities of important food substances, vitamins and minerals - *adjusted* for ready acceptance by the infant digestive system.

A powder and liquid modified milk product especially prepared for infant feeding. Made from tuberculin-tested cows' milk in which most of the fat has been replaced by animal, vegetable and cod liver oils, together with lactose, dextrose, gelatin, vitamin B complex (wheat germ extract, fortified with thiamin), and iron ammonium citrate, U.S.P. Not less than 400 units of vitamin D per quart. Four times as much iron as in cows' milk.

A food for your most difficult feeding cases, doctor - and for your huskiest babies. Let us send you full information.

See these foods on display at the Grand Rapids meeting

OTHER BAKER PRODUCTS

MELCOSE

Liquid only

A specially prepared infant food of tuberculin-tested cows' milk, in which the fat has been replaced by vegetable and cod liver oils, modified by the addition of dextrin, maltose, dextrose and iron ammonium citrate. For general infant feeding, as a supplement to and in place of breast milk, at birth and throughout the bottle-feeding period. A low cost milk, completely prepared. Write for literature.

MELODEX

A mixture of maltose and dextrins prepared by enzyme hydrolysis of cereal starch. (An easily assimilated carbohydrate, for the modification of fresh, evaporated and powdered cows' milk for infant feeding.) MELODEX is easily digested and readily absorbed. It permits a wide range of flexibility in the modification of cows' milk, and may be given in liberal amounts without producing intestinal disturbances in normal babies. Valuable for increasing the caloric content and improving the flavor of fresh whole milk for undernourished children, nursing mothers and convalescents. Very economical. Three formulas - A, B, C.

POWDER

LIQUID

THE BAKER LABORATORIES

CLEVELAND, OHIO

West Coast Office: 1250 Sansome Street, San Francisco

Do You Know Your Sulfonamides?

SULFANILAMIDE

WHICH SHALL I USE FOR GONORRHEA?

SULFAPYRIDINE

WHAT'S GOOD FOR "STREP"?

SULFATHIAZOLE

WHICH PRODUCES BEST RESULTS IN PNEUMONIA?

MY PATIENT HAS A "STAPH" INFECTION—WHAT SULFONAMIDE IS MOST EFFECTIVE?

The sulfonamide compounds continue to grow in importance. Three separate drugs have been accepted by the Council on Pharmacy and Chemistry of the A. M. A. Another has been submitted for acceptance. We present on this page the "box score" on three "sulfa" drugs now in widespread use.

	Sulfanilamide N.N.R.	**Sulfapyridine** N.N.R.	**Sulfathiazole** N.N.R.
CHEMICAL NAME	(p-amino-benzene sulfonamide)	(2-sulfanilyl aminopyridine)	(2-sulfanilyl aminothiazole)
SOLUBILITY in 100 cc. of water at 37.5° C.	1480 mg.	54 mg.	96 mg.
PHARMACOLOGY Absorption	Relatively uniform and rapid.	Irregular and often poor.	Uniform—very rapid.
Distribution	In all body fluids.	In all body fluids.	In blood but poorly in other body fluids.
Excretion	Rapid.	Slower than Sulfanilamide.	Rapid.
Tendency to conjugation.	Slight.	Marked.	Moderate.
CHEMOTHERAPY ★Preferred Drug. ●Also Effective.			
Colon Bacillus			★
Dysentery Bacillus			●
Gonococcus		●	★
Lymphogranuloma Venereum	●	●	★
Meningococcus	●	★	●
Pneumococcus		★	★
Staphylococcus		●	★
Streptococcus	★	●	
HOW SUPPLIED BY SQUIBB Tablets	5 grain in bot. of 100, 500, 1000. 7½ grain in bot. of 25, 100, 1000.	0.5 gram in bot. of 50, 100, 1000.	0.5 gram in bot. of 50, 100, 500, 1000.
Powder	4 oz. Rx. bottle.	5 gram vials.	
Crystals	1.0 gram ampuls, box of 5 and 25.		5 gram vials.
Capsules		0.25 gram in bot. of 50, 100, 1000.	

Specify SQUIBB Sulfonamides

When you think of SULFONAMIDES . . . think of SQUIBB